

Kids Count in Indiana



A Profile of Child Well-Being

2010 Data Book





Dear Colleague:

There is an important difference between reporting the truth and reporting the facts, and the Indiana Youth Institute keeps this difference in mind when publishing this updated edition of the Kids Count in Indiana Data Book.

Think of a day that is sunny and 78 degrees. To one person, this is a perfect weather day. To another, the temperature is chilly and would only become perfect if the thermometer rose to the upper 80s. Both people are reporting "the truth" as they see it. The facts, however, are "sunny" and "78 degrees."

Similarly, at IYI we endeavor to stick with the facts. We do not conduct our own studies or create our own data, and we do not use this information to lobby for specific policy proposals. Instead, at IYI we are farmers, harvesting the data from reliable sources – primarily the state and federal governments – and then making that data easily available in bushel baskets along the side of the road for people to access as they please.

And how people then utilize the data is up to them. Youth serving professionals can use this reliable information for program planning and fund raising. Child advocates can use these objective statistics for their public awareness campaigns. And elected officials of both political parties can rely on this unbiased data as they craft legislative solutions.

In addition to this data book, Indiana Youth Institute staff members are available to find additional data, reports and studies – almost always free of charge – to support your work. IYI also publishes monthly Issue Alerts and Issue Briefs that take a deeper look into important issues affecting Hoosier children and youth.

More information is available on our Web site: <http://www.iyi.org>

Thank you for your dedicated efforts to promote healthy youth development here in Indiana!

Regards,

A handwritten signature in blue ink that reads "Bill Stanczykiewicz". The signature is stylized with a large, looped "B" and a long, sweeping underline.

Bill Stanczykiewicz
President & CEO



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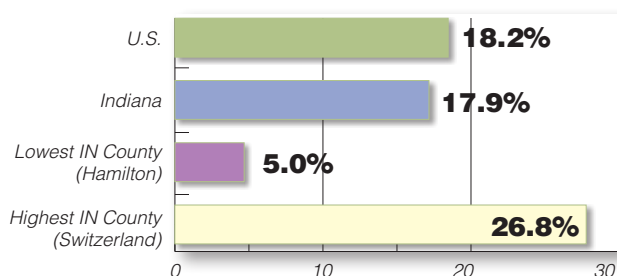
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Percent of Children in Poverty: CY 2008



Child Population Under 18: CY 2008

Race/Ethnicity	Total	Females	Males
White	1,236,612	602,585	634,027
Black	190,874	93,776	97,098
American Indian	4,432	2,177	2,255
Asian	24,296	12,235	12,061
Hispanic, of any race	128,467	62,750	65,717
Total	1,584,681	773,523	811,158

Economic Well-Being	Base Year		Current Year	
% of Children in Poverty, Age 0-17 (CY)	2005	16.6	2008	17.9
% of Students Receiving Free Lunches (SY)	2005	28.1	2009	33.2
% of Students Receiving Reduced Price Lunches (SY)	2005	7.9	2009	8.6
Monthly Average # of Persons Issued Food Stamps (SFY)	2005	550,416	2009	684,280
Monthly Average # of Families Receiving TANF (SFY)	2005	48,908	2009	44,383
Per Capita Income, Adjusted for Inflation (CY)	2005	\$30,900	2008	\$34,543
Annual Average Unemployment Rate (CY)	2005	5.3	2009	10.1

Health	Base Year		Current Year	
# of Live Births (CY)	2005	87,088	2007	89,719
% of Low Birthweight Babies (CY)	2005	8.3	2007	8.5
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.*	2007	67.5
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.*	2007	18.5
% of Live Births to Unmarried Parents (CY)	2005	40.1	2007	42.4
Teen Birth Rate per 1,000 Females, Age 15-17 (CY)	2005	20.5	2007	22.0
# of Babies Born to Single Mothers Under 20 w/o HS Diploma (CY)	2005	5,111	2007	5,614
# of Children Enrolled in Hoosier Healthwise (SFY)	2005	376,465	2009	754,742
# of Infant Deaths, Under Age 1 (CY)	2005	699	2007	677
# of Child Deaths, Age 1-14 (CY)	2005	304	2007	257
# of Teen Deaths, Age 15-19 (CY)	2005	290	2007	306

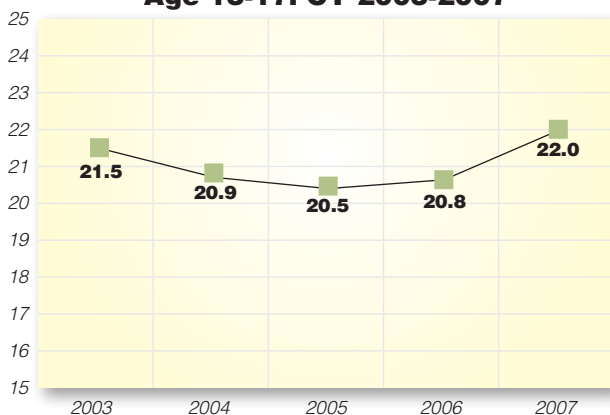
Early Childhood Education	Base Year		Current Year	
# of Children Served by First Steps (SFY)	2005	19,808	2009	18,847
# of Head Start Funded Enrollment Slots (SFY)	2005	13,638	2009	13,690
# of Licensed Child Care Centers (SFY)	2005	603	2009	594
# of Licensed Child Care Homes (SFY)	2005	3,020	2009	3,051
# of Registered Child Care Ministries (SFY)	2005	652	2009	701
# of Licensed Child Care Slots per 100 Children, Age 0-4 (SFY)	2005	22.5	2009	22.5
# of Children Receiving Child Care Vouchers (FFY)	2005	53,616	2009	55,360
Monthly Average # of Children on Waiting List for Child Care Vouchers (FFY)	2005	7,603	2009	8,488

*N.R. - Comparison between these two time periods not recommended as definition has changed

Education, Grades K-12	Base Year		Current Year	
Total Per Pupil Expenditure (SY)	2005	\$10,854	2008	\$11,366
Public School Enrollment K-12 (SY)	2005	1,012,824	2009	1,034,108
Non-Public School Enrollment K-12 (SY)	2005	100,845	2009	92,576
Alternative Education Participation (SY)	2005	30,254	2009	21,215
% of 4th Graders Passing the ISTEP (SY)	2005	64.4	2009	64.6
% of 8th Graders Passing the ISTEP (SY)	2005	60.5	2009	62.3
% of 10th Graders Passing the ISTEP (GQE) (SY)	2005	56.8	2009	57.2
# of Expulsions (SY)	2005	6,273	2008	6,026
# of Suspensions (Both In and Out-of-School) (SY)	2005	307,016	2008	317,078
# of Public High School Graduates (SY)	2005	55,409	2008	61,868
# of Public School Student Dropouts (SY)	2005	8,076	2008	5,475
% of H.S. Grads Intending Vocational/Tech School (SY)	2005	7.5	2008	7.2
% of H.S. Grads Intending 2-year College (SY)	2005	14.1	2008	16.6
% of H.S. Grads Intending 4-year College (SY)	2005	60.1	2008	59.6

Safety	Base Year		Current Year	
# of Children in Need of Services (CHINS) identified by DCS (SFY)	2005	12,243	2009	14,931
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	12.7	2009	15.6
# of Child Neglect Cases Substantiated by DCS (SFY)	2005	12,820	2009	17,701
# of Child Sexual Abuse Cases Substantiated by DCS (SFY)	2005	4,381	2009	4,201
# of Child Physical Abuse Cases Substantiated by DCS (SFY)	2005	2,862	2009	2,852
# of Children Served in Emergency Domestic Violence Shelters (SFY)	2005	3,804	2009	3,895
# of Children Adopted through DCS (SFY)	2005	979	2009	1,574
# of Termination of Parental Rights Case Filings (CY)	2005	2,231	2009	3,378
# of Juvenile Delinquency Case Filings (CY)	2005	26,926	2009	21,914
# of Juvenile Status Case Filings (CY)	2005	6,661	2009	4,081
# of Juveniles Committed to the Department of Correction (CY)	2005	1,033	2009	1,084

**Teen Birth Rate per 1,000 Females
Age 15-17: CY 2003-2007**



**Graduation Rates by Group:
SY 2008-2009**

All Students	81.5%	Asian	89.2%
Female	85.3%	White	84.4%
Male	77.7%	Multiracial	78.5%
Free/Reduced Lunch	68.0%	Native American	72.6%
Limited English	61.5%	Hispanic	69.8%
Special Education	58.6%	Black	66.0%

CY- Calendar Year: Jan 1 to Dec 31 FFY- Federal Fiscal Year: Oct 1 to Sept 30 SFY- State Fiscal Year: July 1 to June 30 SY- School Year: Fall Term to Summer Term



The Kids Count in Indiana Data Book **is dedicated to the children of Indiana** **and those who impact their well-being.**

Acknowledgments

The *Kids Count in Indiana 2010 Data Book* could not have been produced without the help of many people who supplied information and support. We wish to thank:

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About Kids Count in Indiana 2010

Kids Count in Indiana is part of a national network of state-level projects coordinated and supported by the Annie E. Casey Foundation (www.aecf.org). The KIDS COUNT project provides national and state-by-state information about the well-being of children, youth, and their families.

The *Kids Count in Indiana 2010 Data Book: A Profile of Child Well-Being*, 17th in the series, is an important tool for community leaders, policymakers, youth workers, advocates, and others who impact the lives of Indiana's children.

The goal of the Data Book is to collect the best and most recent information available regarding children's well-being in the state of Indiana. Our database, available at www.iyi.org/data, uses indicators from reliable sources that are consistently available for the state of Indiana and each county from year to year.

The Executive Summary serves as a snapshot of child well-being in Indiana, while the complete Data Book provides a comprehensive overview. Both are available online at www.iyi.org/databook. In addition, a printable profile for each of Indiana's 92 counties can be found at www.iyi.org/countypages.

Be sure to visit our database at www.iyi.org/data.

The Indiana Youth Institute promotes the healthy development of Indiana children and youth by serving the people, institutions and communities that impact their well-being.



Families and Communities

From their family surroundings to the environment of the community in which they reside, children's surroundings play a role in their developmental outcomes. While the number of children in Indiana continues to increase, children continue to make up a smaller percentage of the Hoosier population. However, the child population is more diverse in race and ethnicity than the adult population. A majority of Hoosier children reside in married-parent families, but family types in Indiana are diverse and ever-changing. The following section provides an overview of the demographics of Hoosier children, families, and community.



Population

In 2009, an estimated 6,423,113 people lived in Indiana, making it the 16th most populous state in the nation.¹ Population growth is measured by natural increase (the difference between births and deaths) plus net migration (the number of people moving in and out of Indiana).

- Between July 1, 2008 and July 1, 2009, Indiana had a natural increase (births minus deaths) of 32,591 residents.
- During that same period, Indiana lost an estimated 6,805 residents due to domestic migration (the number of people moving across state lines), and gained 9,194 residents from international migration, resulting in a net migration increase of 2,389 people.²

Top Five Counties with Population Growth and Loss, Indiana: 2008-2009

Indiana County	Growth 2008-2009	Indiana County	Decrease 2008-2009
Hamilton	3.1%	Parke	-1.3%
Boone	2.4%	Newton	-1.3%
Hendricks	2.0%	White	-1.5%
Tippecanoe	1.6%	Crawford	-1.5%
Hancock	1.6%	Pike	-2.1%

Source: U.S. Census Bureau, Population Division, www.census.gov/popest/datasets.html

Age Distribution

In 2008, more than one-third (34.7%) of the state's population was composed of children and youth ages 0-24. Children age 18 and under comprised 24.7% of Indiana citizens; those between the ages of 18-24 accounted for another 10.0%. The median age of an Indiana resident was 36.8 in 2009.³

When viewed over a long period of time, the number of children and youth under age 18, as well as those between 18-24, has decreased as a percentage of the total population since 1990. However, these groups have increased in overall numbers, as has the general population in Indiana.

- In 1990, children under age 18 accounted for 26.3% of the total population (1,455,964 children). Youth ages 18-24 were 10.9% of the population (604,882 youth).
- In 2000, children under age 18 comprised 25.9% of the total population (1,574,396 children). Youth ages 18-24 were 10.1% of the total population (614,721 youth).
- In 2009, children under age 18 accounted for 24.7% of the total population (1,586,157 children). Youth ages 18-24 made up 10.0% of the population (643,746 youth).⁴

According to census projections, the youth population in Indiana will continue to decrease as a percentage of the overall population though it will increase in total numbers, continuing the trend seen over the past two decades.⁵

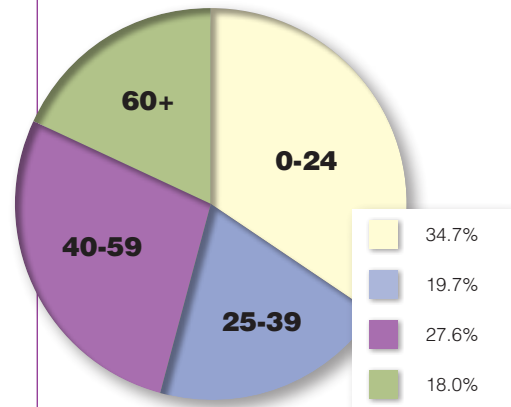
Households and Families

It is important to understand the distinction between "family" and "household" data when using or assessing that information. Households include all the people who occupy a housing unit as their usual place of residence. The two major categories of households are family and non-family households. Families are considered to be a group of two or more people residing together and related by birth, marriage, or adoption. Families are considered a category of households.⁶

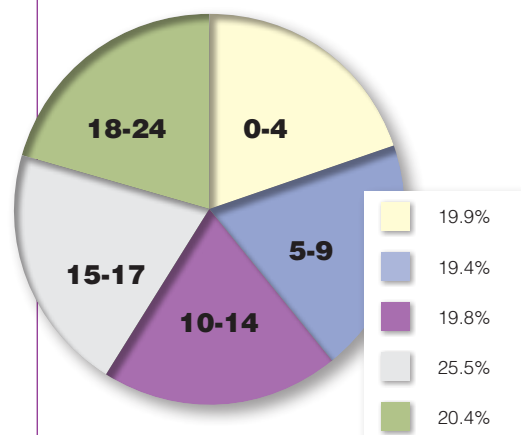
- An estimated 1,657,555 families lived in Indiana in 2009.
- Families comprised 66.9% of all households in Indiana in 2009, with the remaining one-third defined as non-family households.
- One-third (33.4%) of the estimated 2,477,548 households (family and non-family) in Indiana included children under age 18.
- In 2009, the average Hoosier household size was 2.5 people, while the average family was 3.1 people.⁷

A majority of children in Indiana are raised in married couple families; however, many are raised in other types of household arrangements, including single parent families and families headed by grandparents.⁸

Percent Distribution for Total Population by Age Group, Indiana: 2009

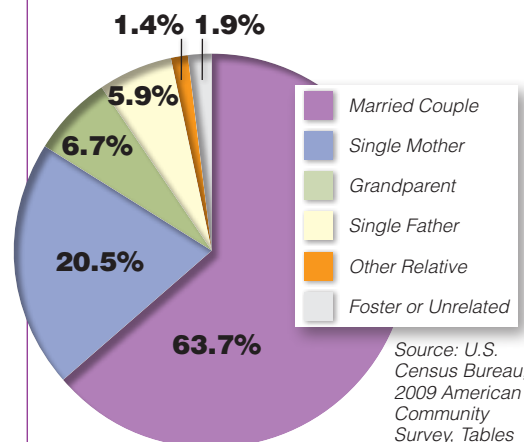


Percent Distribution for Under 25 Population by Age Group, Indiana: 2009



Source: U.S. Census Bureau, 2009 American Community Survey, Table B01001

Children's Living Arrangements, Indiana: 2009



Source: U.S. Census Bureau, 2009 American Community Survey, Tables 09006 and 09002

Grandparents

Grandparents continue to be important primary caregivers for Indiana children under age 18.

Grandparents are often willing to care for the children in their family, but may need financial assistance to do so.⁹ The number of grandparents responsible for their own grandchildren has increased over the last three years.¹⁰

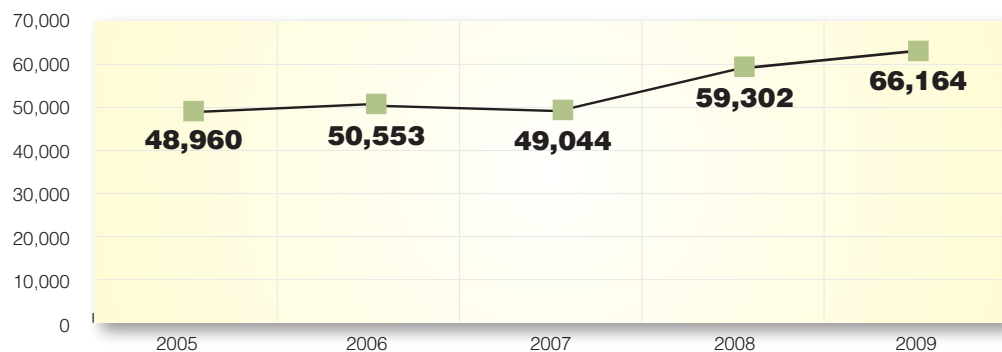
- In 2009, an estimated 120,983 Hoosier grandparents lived with their own grandchildren under the age of 18, and more than half of those grandparents (54.7% or 66,164 grandparents) were responsible for caring for their grandchildren.

- Of those households where the grandparent was considered the householder and responsible for the grandchildren, one-third (33.6%) had no parent of the grandchild present.¹¹

In 2009, there were 105,558 Hoosier grandchildren under 18 years old living with a grandparent householder, an increase from 95,874 in 2008. Of those grandchildren:

- Roughly half (48.1%) were under 6 years old, 28.9% were 6-11 years old, and the remaining 23.0% were 12-17 years old.
- 72.8% were White (including Hispanic), 16.4% were Black or African American (including Hispanic), and 7.9% were Hispanic or Latino (of any race).
- 45.4% of grandchildren living with grandparent householders resided in households that received Supplemental Security Income (SSI), cash public assistance income, or Food Stamp benefits.
- 22.7% of grandchildren in grandparent households lived in poverty in 2009.¹²

Grandparents Responsible for Own Grandchildren Under Age 18, Indiana: 2005-2009



Source: U.S. Census Bureau, American Community Survey, Selected Social Characteristics: Indiana

Adoptive Families

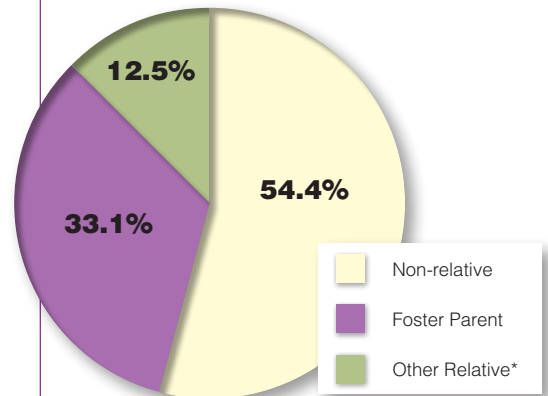
There are three primary avenues for adopting children in the United States. *Foster care adoptions* are those children who are adopted from state child welfare agencies. *Private domestic adoptions* involve children who were not a part of the foster care system at any time prior to their adoption, and are arranged independently or through private agencies. *International adoptions* involve children from countries other than the United States.¹³

- During SFY 2009, there were 1,574 children adopted from the Department of Child Services (DCS) system in Indiana.¹⁴
- According to the U.S. State Department, there were 361 international adoptions by Indiana families in 2009.¹⁵
- Private domestic adoption numbers for Indiana are not available.

In Indiana, adoptive families of children from the DCS system reflect general family structures of most children within the U.S. A majority (71%) of adoptive families are married couples, followed by single females (24%), unmarried couples (3%), and single males (2%).¹⁶

From 1998 to 2009, there have been 5,656 international adoptions in Indiana. International adoptions in the United States have declined from their peak in 2004.¹⁷

Adopted Child's Prior Relationship to Adoptive Parent(s), Indiana: 2006



Source: U.S. Department of Health and Human Services, Administration of Children and Families, Children's Bureau

Note: 2006 is most recent report available; Relatives who were also Foster Parents are classified as "Other Relative"

Top Five Countries for International Adoptions, Indiana: 2009

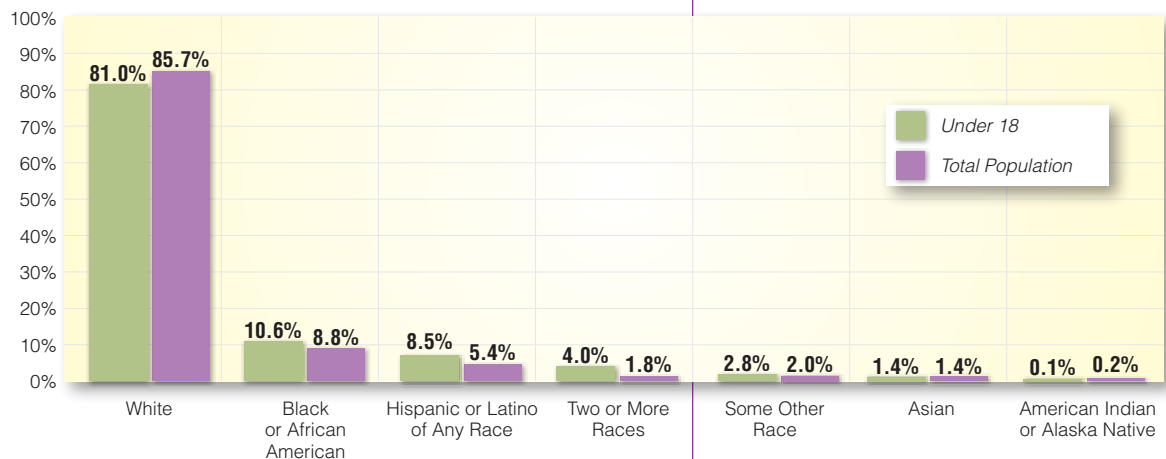
Country	Number of Adoptions
1. China	84
2. Ethiopia	74
3. Russia	49
4. Ukraine	39
5. Haiti	19

Source: U.S. Department of State, Office of Children's Issues, Intercountry Adoption

Diversity

Racial and ethnic diversity in Indiana continues to increase. The Hispanic population (of any race) increased in the state from 3.5% in 2000 to 5.4% in 2009.¹⁸ The child population in Indiana is more diverse than the total population.

Child Population vs. Total Population by Race, Indiana: 2009



A growing segment of the population spoke another language than English in their home.

- In 2009, 7.6% of the population over age 5 spoke a language other than English: 4.2% spoke Spanish, 2.3% spoke other Indo-European languages, 0.8% spoke Asian or Pacific Islander languages, and 0.3% spoke other languages.¹⁹
- The number of Limited English Proficiency (LEP) students in Indiana schools has more than doubled, growing from 17,194 in 2001 to 45,885 in 2009. Comparatively, in 1995 there were only 6,293 Hoosier LEP students.²⁰

Source: U.S. Census Bureau, 2009 American Community Survey, Table S0901 and ACS Demographic and Housing Estimates

Note: Native Hawaiian and Other Pacific Islander percentages were 0.0%

Adult Educational Attainment

Increased educational achievement is regularly associated with greater earnings, and research shows that increased levels of parental education are linked with positive outcomes for children such as educational achievement, engagement in pro-social behaviors such as volunteering, and lower rates of smoking and binge drinking.²¹

In a nationally representative, longitudinal study, findings showed that eighth graders whose mothers had higher levels of education had higher scores on measures of reading, mathematics, and science compared to peers whose mothers had lower levels of education.²²

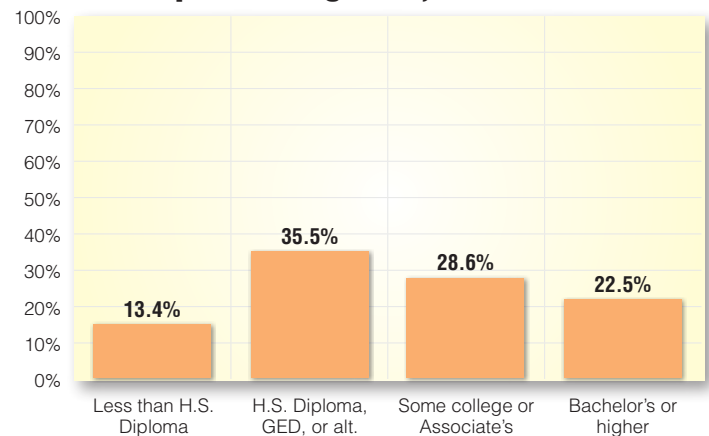
- In 2009, approximately 22.5% of Hoosiers had earned a bachelor's degree or higher, compared to 27.9% nationally.
- 86.6% of Hoosiers had a high school diploma or higher (including some college, a bachelor's or graduate degree). Comparatively, 85.3% of all people in the United States have a high school diploma or better.²³

In 2009, Hoosier men and women over 25 years of age earned educational degrees at about the same rates.

- 36.0% of the male population earned a high school diploma, GED, or alternative, compared to 35.0% of Hoosier women.
- Women were more likely to have some college or an associate's degree: 30.0% of women compared to 27.2% of men.
- Similar percentages of both men (14.9%) and women (14.1%) earned a bachelor's degree.
- Men and women obtained a graduate or professional degree at similar rates: 8.2% of men compared to 7.9% of women.²⁴

However, earnings differ significantly for males and females in Indiana based on education.²⁵ When considered by gender, adult earnings become especially important since nearly one in five (20.5%) of children in Indiana live with a single mother.

Educational Attainment by Population Age 25+, Indiana: 2009



Source: U.S. Census Bureau, American Community Survey, Table C15002

Comparison of Earnings by Education Level of Adults Age 25+ by Sex, Indiana: 2009

Education Level	Total Average Annual Salary	Average Female Salary	Average Male Salary
Less than High School Diploma	\$18,139	\$13,411	\$21,718
High School Graduate	\$26,024	\$19,987	\$32,392
Some College or Associates Degree	\$30,376	\$24,450	\$38,623
Bachelors Degree	\$42,294	\$34,792	\$52,183
Graduate Degree or Professional Degree	\$57,458	\$49,882	\$67,906

Source: U.S. Census Bureau, 2009 American Community Survey, Table B20004

Sources: Families and Communities

¹ U.S. Census Bureau, Population Division. (2009). Annual Population Estimates. Available at <http://www.census.gov/popest/datasets.html>

² Ibid.

³ U.S. Census Bureau. (2010). American Community Survey: 2009. Age and Sex. Table S0101.

⁴ U.S. Census Bureau. (2010). 1990 Census. Table P011; Census 2000. Table QT-P1; 2009 American Community Survey. Table B01001.

⁵ STATS Indiana. (n.d.). Indiana Population Projections. Available at http://www.stats.indiana.edu/pop_proj/

⁶ U.S. Census Bureau. (n.d.). Census Glossary. Available at http://factfinder.census.gov/home/en/epss/glossary_h.html

⁷ U.S. Census Bureau. (2010). American Community Survey: 2009. Selected Social Characteristics.

⁸ U.S. Census Bureau. (2010). American Community Survey: 2009. Households and Families. Table S1101.

⁹ Conway, T. and Hutson, R. (2007). Is Kinship Care Good for Kids? Center for Law and Social Policy. Available at <http://www.clasp.org/admin/site/publications/files/0347.pdf>

¹⁰ U.S. Census Bureau. (2010). American Community Survey: 2009. Grandparents. Table S1002.

¹¹ Ibid.

¹² U.S. Census Bureau. (2010). American Community Survey: 2009. Grandchildren Characteristics. Table S1001.

¹³ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Adoption USA: A Chartbook Based on the 2007 National Survey of Adoptive Parents. Available at <http://aspe.hhs.gov/hsp/09/NSAP/chartbook/index.cfm>

¹⁴ Indiana Department of Child Services. (2010). Demographic Trend Report for SFY 2009. Available at <http://www.in.gov/dcs/2329.htm>

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Economics

The economic environment in which a child grows up can affect both the parent and family situation, as well as the child's own employment outcomes in the future. Much like the rest of the nation, Indiana has witnessed increased unemployment and associated reliance on unemployment insurance benefits and food programs, along with an increase in housing-related issues. One in five Hoosier children now resides in poverty and the need on government programs has been increasing across the board. The following section provides a comprehensive view of the economic well-being of Hoosier children and areas of need among Hoosier families.

Employment and Income

Children from impoverished families have an increased likelihood of poor physical and academic outcomes compared to peers from more affluent families. Securing steady parental employment is one way of increasing family incomes, which also has the potential to positively affect child well-being.¹

Indiana's state minimum wage aligns with the national rate of \$7.25 per hour.²

- As of May 2009, Indiana's median hourly wage was \$14.72, with a mean of \$18.43, compared to \$15.95 and \$20.90 nationally.
- The average individual's annual income in Indiana was \$38,330 in 2009, compared to \$43,460 nationally.³
- Indiana's median family income in 2009 was \$56,432, compared with \$61,082 nationally, ranking Indiana's median family income the 35th highest out of the 50 states.⁴
- Indiana's cost of living was the 18th least expensive among the 50 states in the first quarter of 2010.⁵

Though the number of Hoosier parents in the labor force decreased in 2009 (both married and single parents), the majority were employed. In regards to employment, the Census defines those in the labor force as those who are employed or in the Armed Forces as well as those who are unemployed but actively seeking work.

**Median Family Income
by Family Size, Indiana: 2009**

Total	\$56,432
2-person families	\$50,279
3-person families	\$58,075
4-person families	\$68,109
5-person families	\$64,746
6-person families	\$61,668
7-or-more-person families	\$65,998

Source: U.S. Census Bureau, 2009 American Community Survey, Table B19119

For Hoosier families consisting of a married couple with children under 18:

- 69.1% had both husband and wife in the labor force, compared to 70.4% in 2008.
- In 25.5% of married couple families had only the husband in the labor force compared to 25.2% in 2008.
- In 3.8% of married couple families, only the wife is in the labor force compared to 3.0% in 2008.
- In 1.7% neither husband nor wife was in the labor force, compared to 1.3% in 2008.⁶

In 2009, Hoosier families headed by single parents with children under 18 had only a slight decrease in labor force participation.

- 83.2% of single female heads of families were in the labor force compared to 84.2% in 2008.
- 90.2% of single male heads of families were in the labor force compared to 91.6% in 2008.⁷

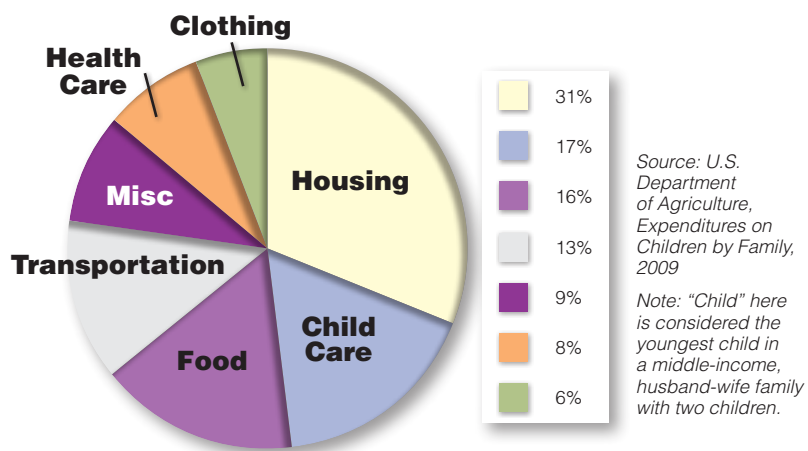
Each year the United States Department of Agriculture estimates the cost of raising a child based on family type. For 2009, a middle-class, married couple raising one child to age 18 would spend approximately \$222,360 over the course of that child's life. Housing costs rank as the greatest expense at \$70,020, with education and childcare following at \$37,740.⁸

Median Family Income by Family Type With Children Under 18, Indiana: 2009

Total	\$56,432
Married Couple	\$71,768
Single Father	\$29,455
Single Mother	\$20,389

Source: U.S. Census Bureau, American Community Survey, Table B19126

Expenditures on a Child from Birth through Age 17 as a Percentage of Total Child-Rearing Expenditures, U.S.: 2009



Earned Income Tax Credit (EITC)/Earned Income Credit (EIC)

The Earned Income Tax Credit (or EITC) is a federal income tax credit available for low- to moderate-income working individuals and families. Congress originally approved the tax credit legislation in 1975 to offset the burden of Social Security taxes, and to provide an incentive to work. To qualify, taxpayers must meet specific requirements and file a tax return, even if they did not earn enough money to be obligated to file a tax return.⁹ In 2009, a single parent with one child and an income of \$20,000 was eligible for EITC benefits of \$2,467 (estimated).¹⁰ EITC is considered one of the nation's largest anti-poverty programs, and, nationally, participation in the program is estimated to be between 75% and 80% of those who are eligible.¹¹

- For Tax Year (TY) 2009, 541,704 Hoosiers received the EITC, totaling \$1.16 billion. The average amount received was \$2,141.
- 25.9 million people received the tax return nationally, for a total of \$57.7 billion.¹²

Eligibility Requirements for the Federal EITC, U.S.: Tax Year 2009

Number of qualifying children	Individual Filer	Joint Filer	Maximum Credit
0	\$13,440	\$18,440	\$457
1	\$35,463	\$40,463	\$3,043
2	\$40,295	\$45,295	\$5,028
3 or more	\$43,379	\$48,279	\$5,657

Indiana is one of 24 states that have a state supplement to the federal EITC. The state's earned income credit (EIC) was initially 6% of the earned income credit claimed on the federal income tax return; it increased to 9% for tax year 2009.¹³

Source: Indiana Institute for Working Families, <http://www.incap.org/documents/iwfwf/2010/FINAL%20EITC%20brief%201-28-10.pdf>

Poverty

Compared with their wealthier peers, impoverished children are more likely to have low educational attainment and achievement, and an increased likelihood of leaving high school without a diploma. They are also more at risk for health, behavioral and emotional problems. These issues are especially prevalent in families that have experienced generational poverty, and for children who have experienced poverty in early childhood.¹⁴ However, impoverished families are similar to more affluent families in several areas of family life, including parent-child relationships, religious attendance, and feeling safe at home and in school.¹⁵ Childhood poverty alone is estimated to cost the U.S. economy approximately \$500 billion annually.¹⁶ Adolescents who live in poverty are at increased risk for psychological issues including anxiety and depression, as well as poorer physical health. These issues may develop from the stress of their living situations, including their parent's inability to pay bills or not having enough to eat.¹⁷

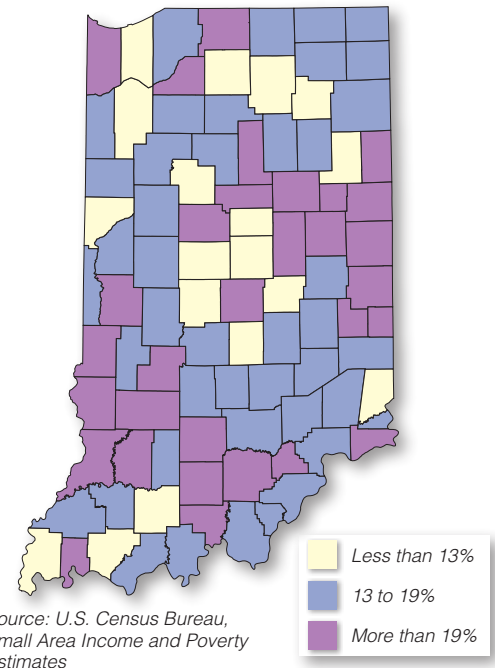
Single-parent and cohabitating families tend to have much lower incomes than do two-parent, married families. However, research indicates that these income differences only account for part of the negative effects of parental absence on child and youth wellbeing, including health, educational attainment, behavior problems, and psychological wellbeing.¹⁸ And while childhood poverty was a significant – and growing – problem prior to the recession¹⁹ its already multi-faceted nature has been compounded by other areas of concern such as parental unemployment and housing issues.

There are two definitions of the federal poverty level: thresholds and guidelines. The poverty threshold is the original version of the poverty measure and is updated each year. It is used mainly for statistical purposes, such as determining the percentage of children in poverty as noted below.

- Based on reported income, in 2009, 14.4% of Hoosiers lived in poverty, compared with 14.3% nationally.
- 20.0% of Indiana's children under age 18 lived in poverty, the same as the nation. The number of children in poverty has continued to increase.
- One-quarter (24.9%) of children under age 5 in Indiana reside in poverty, similar to the national rate (23.2%).²⁰

Poverty *guidelines*, however, are a simplification of the poverty thresholds and are used for administrative purposes – for instance, determining financial eligibility for federal assistance programs. The 2009 federal poverty guidelines were extended into 2010 due to the country's ongoing recession.²¹

Child Poverty by County, Indiana: 2008



Poverty Guidelines, U.S.: 2009

Persons in Family or Household	Income*
1	\$10,830
2	\$14,570
3	\$18,310
4	\$22,050
5	\$25,790
6	\$29,530
7	\$33,270
8	\$37,010

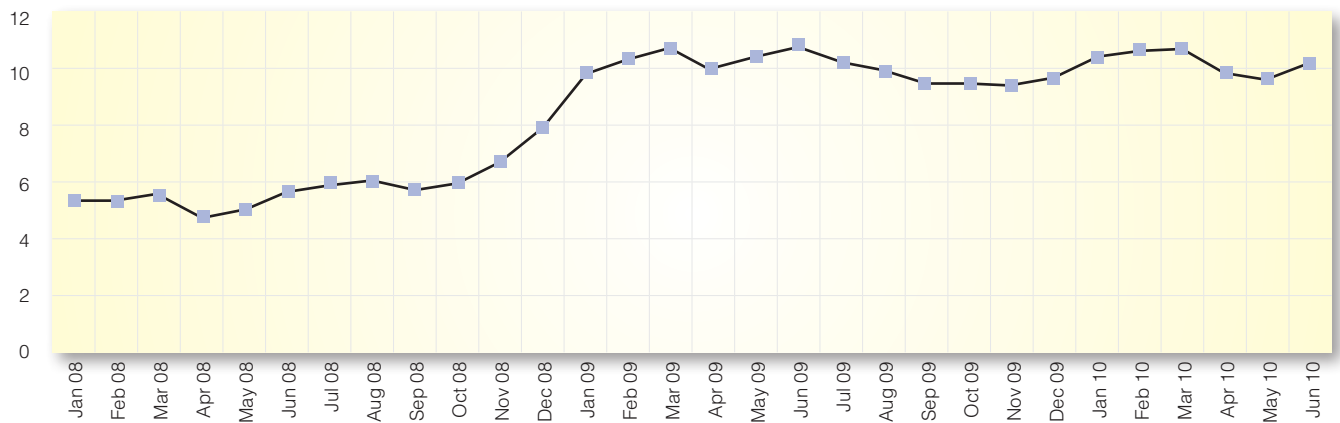
*For families with more than 8 persons, add \$3,740 for each additional person.

Source: U.S. Department of Health and Human Services

Unemployment

Job loss for parents can lead to negative outcomes for children as well as overall economic insecurity for families, potentially leading to reduced spending on necessities including food, or having to move or rely on public assistance. Job loss can be psychologically harmful, negatively impacting parental relationships with children or giving children a negative perception of their own economic future.²² Parental job loss can lead to poorer academic outcomes for the family's children, especially for those with parents who do not hold a college degree.²³ Children living with a single mother may suffer academically or face decreased self-esteem if the mother loses her job.²⁴ Indiana's annual average unemployment rate was 10.1% in 2009, compared to 5.8% in 2008, and continues to increase.²⁵

Unemployment Rate by Month, Indiana: January 2008 - June 2010



Source: Indiana Department of Workforce Development, Hoosier Data, <http://www.hoosierdata.in.gov>

Unemployment varies by age, gender, and race. Notably, women have significantly lower unemployment rates than men across all ages and races.²⁶

Indiana Unemployment by Characteristics:

Annual Average Unemployment Rates by Race and Sex, Indiana: 2009			
Race	Women	Men	Total
White	7.2	11.1	9.3
Black	16.9	21.8	19.2
Hispanic	10.8	20.2	17.3
Total	8.0	11.8	10.0

Source: Bureau of Labor Statistics <http://www.bls.gov/lau/table14full09.pdf>

Annual Average Unemployment Rates by Selected Age Ranges and Sex, Indiana: 2009			
Age	Women	Men	Total
16-19	14.8	29.7	21.3
20-24	15.7	24.0	19.9
25-34	11.6	13.6	12.6
35-44	5.3	10.1	8.0
45-54	5.3	10.5	8.1
55-64	5.8	5.7	5.8
65+	3.0	4.4	3.7

Source: U.S. Census Bureau, 2009 American Community Survey, Table B23007

Unemployment by Family Type for Adults in the Labor Force, Indiana: 2009		
	Married Couple Families	Single Parent Families
Mother Unemployed	4.3%	15.3%
Father Unemployed	4.2%	12.7%
Both Mother and Father Unemployed	1.0%	--

Source: U.S. Census Bureau, 2009 American Community Survey, Table B23007

Note: Calculations are in regards to those who are in the labor force – the employed and unemployed. It does not count those who are not actively seeking work – those not in the labor force.

Unemployment Insurance

Unemployment Insurance (UI) benefits are available based upon total wages earned during a base period, and range from a minimum of \$50 per week to a maximum of \$390. All claims for unemployment benefits are in effect for a 52-week period called a “benefit year,” but full benefits are paid for up to 26 weeks, and some claims are eligible for fewer weeks.²⁷ The American Recovery and Reinvestment Act of 2009 (also known as the stimulus package) allowed those who had exhausted their regular UI benefits to continue receiving benefits for an additional 13 weeks while searching for work.²⁸

In 2009, unemployment payments increased across the board due to the rising unemployment rate. Benefits paid have increased over the last five years. Using fourth quarter statistics for comparison, not only did the number of beneficiaries increase by nearly 100,000 people (354,471 in 2009 compared to 261,334 in 2008), but the amount claimed in the state increased from 2008 to 2009.²⁹



Unemployment Insurance Benefits, Indiana: 2005-2009

INDIANA	2005	2006	2007	2008	2009
Benefits Paid	\$648.8 million	\$665.5 million	\$702.3 million	\$971.7 million	\$1.8 billion
Individuals Receiving Benefits	186,107	186,602	186,575	261,334	354,471
Avg. Duration (weeks)	12.9	12.8	13.3	12.8	17.1
Avg. Weekly Benefit Amount	\$278.07	\$286.32	\$290.24	\$297.73	\$306.90

Source: U.S. Department of Labor, Unemployment Insurance Data Summary, www.ows.doleta.gov/unemploy/content/data.asp

Temporary Assistance for Needy Families (TANF)

TANF provides transitional cash assistance and support to help families with children under age 18 achieve self-sufficiency, and benefits are determined by gross family income.³⁰ Recipients are provided with supportive assistance while on TANF, which includes: child care services, after-school child care for children age 6 and older, medical assistance for dependent children, transportation services, aid for heating costs, and food stamps.³¹

- In State Fiscal Year (SFY) 2009, the average number of families in Indiana that received TANF (considered “cases”) was 44,383.
- The unduplicated count of recipients on TANF for SFY 2009 was 57,267 adults and 138,133 children.
- The average monthly benefit per case was \$218.66 and average payment per recipient was \$86.96.
- The total value of benefits to Indiana families was \$106 million in SFY 2009.³²
- Nationally, TANF numbers are reported for the Federal Fiscal Year (FFY). For 2009, there were 4,041,292 total recipients of TANF across the nation.
- 1,726,799 families were served across the U.S. by TANF, and 3,084,413 children benefited from the program.³³
- \$15 billion dollars was spent on the program nationally in 2009.³⁴

Eligibility for Temporary Assistance for Needy Families (TANF), Indiana: 2008

Family Size	Gross Monthly Income Limit	Maximum Monthly Benefit
1	\$286.75	\$139.00
2	\$471.75	\$229.00
3	\$592.00	\$288.00
4	\$712.25	\$346.00
5	\$832.50	\$405.00
6	\$952.75	\$463.00

Source: Indiana Family and Social Services Administration, <http://www.in.gov/fssa/dfr/2684.htm>

Age of Recipient Children	Indiana	United States
0-1	21.0%	16.0%
2-5	28.8%	25.5%
6-11	29.3%	30.4%
12-15	15.2%	18.5%
16-19	5.6%	9.5%

TANF Active Cases Characteristics of Recipients by Age, Indiana vs. U.S.: FFY 2008

Race/Ethnicity of TANF Families	Indiana	United States
White	48.5%	31.5%
African American	40.7%	34.2%
Hispanic, of any race	8.0%	28.0%
Multi-Racial	1.9%	1.2%
Asian	0.8%	2.3%

TANF Active Cases Characteristics of Recipients by Race, Indiana vs. U.S.: FFY 2008

% Distribution of TANF Families by Number of Children	Indiana	United States
One Child	44.8%	50.1%
Two Children	31.0%	27.6%
Three Children	15.4%	12.7%
Four Children	5.3%	5.2%
Five or More	3.1%	2.6%

TANF Active Cases Characteristics of Recipients by Number of Children, Indiana vs. U.S.: FFY 2008

Source: U.S. Department of Health and Human Services, Administration of Children and Families, <http://www.acf.hhs.gov/programs/ofa/character/index.html>

Note: may not add up to 100% as some cases are “unknown”

Social Security: Old-Age, Survivors, and Disability Insurance (OASDI) and Supplemental Security Income (SSI)

Social Security benefits are available to children through payments made either directly to them, or indirectly to assist the family of a Social Security beneficiary.³⁵ Social Security has two programs that pay benefits directly to disabled children: Old-Age, Survivors, and Disability Insurance (OASDI) and Supplemental Security Income (SSI). In Indiana, the average monthly payment to eligible children under the age of 18 was \$586.74 from these two programs.³⁶

Old-Age, Survivors, and Disability Insurance (OASDI) pays benefits to qualified children under 18 of disabled or deceased parents. This benefit is also available for unmarried children of a claimant family who were disabled before age 22 and continue to be disabled thereafter. The amount of benefits is based on the parent's earning record.³⁷

- As of December 2009, 10,811 Hoosier children received OASDI benefits by retirement, 45,639 received benefits as a survivor, and 41,331 children received disability benefits.
- Children represented 1.4% of retirement, 31.2% of survivor and 18.8% of disability recipients in Indiana.
- Nationally, children represent 1.5% of retirement, 30.2% of survivor, and 18.0% of disability of beneficiaries.³⁸

Supplemental Security Income (SSI) also makes payments to needy individuals, including disabled children under age 18 whose families have little income or resources. SSI payments are based on need, rather than prior work. These payments continue as long as the child is disabled and has little income or resources.³⁹

- In Indiana, 24,860 children under age 18 received SSI, compared to 1,199,788 nationally.
- Children comprise 22.0% of Indiana's SSI beneficiaries, compared to 15.6% nationally.⁴⁰



Child Support Enforcement

Child support is a critical income source for single-parent families, especially since the proportion of children living with both parents has decreased and public support for single parent families is limited.⁴¹

Child support collections are on the rise in Indiana; income withholding and unemployment collections have increased from \$77.4 million in December 2004 to \$110.2 million in December 2009. Undistributed collections (i.e., payments which cannot be disbursed to custodial parents for reasons such as missing addresses or incorrect court order information) are a current focus for the Department of Children's Services, and are steadily decreasing.

- For SFY 2009, Indiana's child support caseload was approximately 367,390 cases.
- \$582,440,180 in child support collections were distributed.
- The average amount collected per case has risen from \$1,554.06 in 2008 to \$1,585.35 in 2009.⁴²

Food Programs

Income is one of the greatest factors determining whether a household will experience food insecurity or not, with lower income households being more likely to experience it. Food insecurity has a potential impact on a child's development and well-being, such as their cognitive development through iron deficiency.

Food insecurity is also associated with negative socio-emotional behaviors including acting out, and physical health, including increased risk of chronic health conditions.⁴³ In addition, the cost of food has steadily increased, and program supplements often fail to meet the USDA's basic "thrifty food plan."⁴⁴

- In 2008, 11.2% of Indiana households were "food insecure," or lacked access to enough food to fully meet basic needs at all times due to lack of financial resources, compared to 10.2% in 2007.
- Another 4.3% of the population was considered to have "very low" food security, which means they struggle with having enough food for the household and may cut back or skip meals on a frequent basis, up from 3.6% in 2007.⁴⁵



Supplemental Nutrition Assistance Program (SNAP)/Food Stamps

The Food Stamp Program is the nation's largest food-assistance program, and in 2008, the program was renamed the Supplemental Nutrition Assistance Program (SNAP).⁴⁶ To receive services, a household must earn at or below 130% of the poverty level as well as meet other financial and non-financial eligibility requirements. For a family of four, 130% of the poverty level equates to annual earnings of \$28,665. Research shows that SNAP participation reduces the likelihood of food insecurity.⁴⁷ Children in households receiving SNAP benefits are already eligible for free meals through the Federal Free and Reduced Lunch program and should be automatically enrolled, yet not all are. In Indiana, only 56% of school-age SNAP participants were directly certified for free school meals during the 2007-2008 school year.⁴⁸

- For SFY 2009, an average of 684,280 persons in Indiana received SNAP benefits and 292,044 families benefited from the program.
- The total value of food stamps received in Indiana increased by more than \$200 million in SFY 2009, increasing from \$741 million in 2008 to \$978 million in 2009.⁴⁹
- In 2009, the average value of food stamps per Hoosier served was about \$119 per month, or about \$4 per day.

Women, Infants, and Children (WIC) Program

WIC is a program designed to improve access to nutritious foods and promote healthier eating habits and lifestyles for pregnant women and infants. To be eligible, an applicant must be an Indiana resident, belong in one of the WIC categories, be a "nutrition risk" as determined by a health and dietary assessment, and be income eligible (185% of federal poverty line⁵⁰). Studies show that infants and children who receive WIC services are more likely to be breast-fed, less likely to be underweight at birth, less likely to be sick, and more likely to be intellectually prepared when they start school.⁵¹

- 287,144 women, infants, and children participated in Indiana's WIC in SFY 2009, compared to 270,996 in 2008.
- The majority of recipients are children (38.0%), followed by infants (32.1%), pregnant women (17.5%), non-breastfeeding women (8.0%), and breastfeeding women (4.5%).
- The average monthly WIC benefit was \$119.56 for infants, \$38.42 for children, and \$43.76 for women.
- Nearly \$117 million in WIC benefits were redeemed by Hoosiers in SFY 2009, up from \$115 million in 2008.⁵²



WIC Eligibility by Household Size, Indiana: 2009

Household Size*	Annual Income Limit
1	\$20,036
2	\$26,955
3	\$33,874
4	\$40,793
5	\$47,712
6	\$54,631
7	\$61,550
8	\$68,469

*Pregnant women count as two people.

Source: Indiana State Department of Health, <http://www.in.gov/isdh/19695.htm>

"Categories" of WIC Program Recipients

- Pregnant Women
- Breastfeeding Women (up to baby's 1st birthday)
- Non-Breastfeeding Postpartum Women (up to 6 months)
- Infants (up to their 1st birthday)
- Children (up to their 5th birthday)

Source: www.in.gov/isdh/19695.htm

Indiana Food Banks

Twelve *America's Second Harvest* member food banks serve Indiana by securing, and storing, food and grocery surpluses, which are redistributed to charitable organizations that provide direct food assistance to food insecure populations. Member food banks include emergency and non-emergency food pantries, soup kitchens, emergency shelters, non-profit child care centers, and after school programs.⁵³ Of those households that receive emergency food assistance in Indiana, children under 18 years old make up 43% of the members of those households.⁵⁴



National School Breakfast Program and National School Lunch Program

The National School Breakfast Program and the National School Lunch Program are federally assisted meal programs that provide meals to children throughout the school day. Recent research from the Department of Agriculture shows that students who participate in the School Breakfast program ate more calories at breakfast than non-participants. Those who ate during the Lunch program consumed less sugar and calories than non-participants. Calorie consumption that begins at breakfast and occurs throughout the day may help youth keep a consistent, daylong energy level.⁵⁵

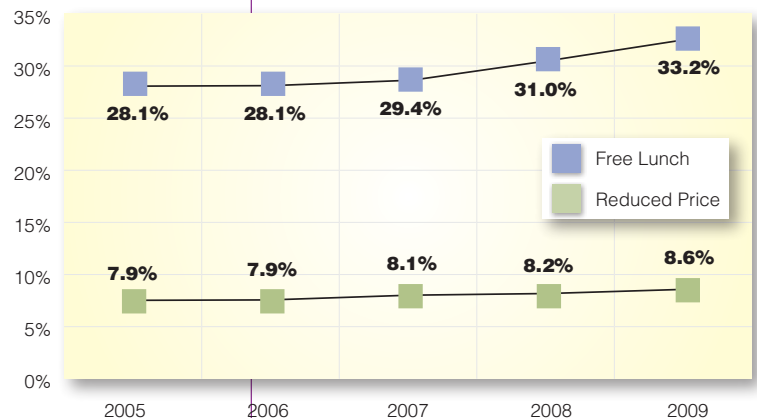
- More than 1.8 billion breakfasts were served to American children (including 35 million to Hoosier children) during Federal Fiscal Year (FFY) 2009.
- More than 5 billion lunches were served throughout the United States in FFY 2009, and more than 131 million lunches were served to Indiana children specifically.
- The annual value (cash payments) of Indiana's school breakfasts was \$48 million from a national total of \$2.5 billion; the value for Hoosier lunches was \$186.4 million in FFY 2009 of the \$8.8 billion spent nationally.
- In addition, 1.3 million half-pints of milk were served to Hoosier students through the Federal "Special Milk" Program. 78 million half-pints of milk were served nationally in FFY 2009.⁵⁶

Some students are eligible for "free" or "reduced price" lunch due to their families' financial situation.

- During School Year 2009, 33.2% of Indiana public school students received school lunches at no charge.
- An additional 8.6% received meals at a reduced fee.
- These numbers have been increasing since 2006.⁵⁷

Public School Students Receiving Free or Reduced Price Lunch, Indiana: SY 2005-2009

Source: Indiana Department of Education, Analysis by Indiana Business Research Center



Summer Food Service Program

The national Summer Food Service Program works to meet the needs of children whose access to food decreases after the school year.⁵⁸

- Indiana's summer food programs had an average daily attendance of 55,113 children during FFY 2009. Daily attendance for this program nationally was more than 2.2 million children.
- More than 2.6 million meals were served to Hoosier children during the summer of FFY 2009, compared to 132 million served nationally.
- Indiana spent more than \$6 million dollars on the summer food program, compared to \$305 million spent nationally.⁵⁹

Housing

The economic situation in 2009 made housing an increasingly important issue for families. Hoosiers reflect the nation in homeownership, as 68% of Midwesterners own their home compared to 66% nationally.⁶⁰ The impact of housing on children can be great – research shows that homeless youth have lower educational achievement among all grades, and that on average, those children change schools 3.2 times while they are homeless.⁶¹ In 2009, Indiana had 9,777 homeless children and youth students, a 35% increase since 2007 when only 7,227 students were considered homeless.⁶² The 2009 Annual Homeless Report to Congress stated that the number of sheltered homeless families increased for the second straight year. More than one-third (37%) of people who are homeless on a single night were homeless as a part of a family.⁶³

Often, the first step to homelessness is living with another family, or being “doubled-up.” Immigrant families, Black families and families with more children have a low risk of being doubled up, while native born single mothers with health or safety concerns have the highest risk of being doubled up. Mothers who may not have family or institutional supports are particularly at risk of homelessness.⁶⁴ The percentage of adults in families who reported staying with other families before entering a shelter increased from 24.2% in 2007 to 29.4% in 2009.⁶⁵



The U.S. Census Bureau tracks a variety of housing categories in Indiana, which vary by family type. In the past year, statistics show families of all forms have moved into multiple-unit structures and out of single-unit structures, or homes. Families have also moved out of housing units they own and into rental units.

- Of all family types, 24.9% of single mother households resided in multiple-unit structures in 2009, while single father families are the most likely to reside in mobile homes (9.9% in 2009).⁶⁶
- In 2009, of all housing units with a mortgage, the median amount payment per month in Indiana was \$1,125, while median rent was \$687.⁶⁷

Indiana's Housing and Urban Development offers subsidized housing options including vouchers to residents who qualify. These housing vouchers allow families to choose suitable, landlord-approved housing, and the subsidy is paid directly to the landlord on behalf of the family. To be eligible for this program, a family's income may not exceed 50% of the median income for the county or metropolitan areas in which the family chooses to live.⁶⁸ Housing affordability issues, especially for very low-income renter households, has been a focus of federal support for renters' assistance, but despite the current programs, only about one-quarter of eligible renter households report receiving assistance.⁶⁹

- From May 1, 2009 through August 21, 2010, 34,977 families received vouchers in Indiana and half (52%) were female-headed households with children.
- The average annual income of participants was \$10,063.
- Children ages 0-17 accounted for 49% of household members in households that received vouchers.⁷⁰

Housing Patterns by Family Type, Indiana: 2008-2009

Reside in One-Unit Structure	2009	2008
Married Couples Families	91.1%	91.2%
Single Father Families	72.5%	71.8%
Single Mother Families	68.9%	69.5%

Own their Housing Unit	2009	2008
Married Couples Families	86.2%	87.8%
Single Father Families	58.3%	63.0%
Single Mother Families	49.0%	51.5%

Rent Housing Unit	2009	2008
Married Couples Families	13.8%	12.2%
Single Father Families	41.7%	37.0%
Single Mother Families	51.0%	48.5%

Source: U.S. Census Bureau, 2008 and 2009
American Community Survey, Table S1101

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Health

Good health is vital to a positive childhood, yet statistics show in Indiana fewer mothers are receiving prenatal care – which puts their babies at greater risk for health problems later in life. While Hoosier youth are more likely to be insured than their peers nationally, their physical activity levels remain low. They are also more likely to consider or attempt suicide than their peers nationally. The following section provides a comprehensive view of Hoosier children's health along with areas of focus addressing the issues these children face.

While Hoosier youth are more likely to be insured than their peers nationally, their physical activity levels remain low. They are also more likely to consider or attempt suicide than their peers nationally. The following section provides a comprehensive view of Hoosier children's health along with areas of focus addressing the issues these children face.

Prenatal Health

The prenatal environment – including parental health and lifestyle – often has a lasting effect on the child.

Prenatal Parental Health

Research identifies several maternal health factors that give children a strong start at birth and can positively effect their childhood. These factors include:

- Good pre-pregnancy maternal health
- Prenatal care at the beginning of pregnancy
- An intended or “desired” pregnancy viewed positively by the mother
- The mother's access to financial and social support
- A positive marital relationship
- A high level of maternal education
- The absence of smoking, drinking alcohol, or drug use during pregnancy.¹

A father's pregnancy “intentions” and active involvement during pregnancy may also have implications for his children. Researchers found that men who participated in prenatal activities, including discussing the pregnancy with the mother, viewing an ultrasound, listening to the baby's heartbeat, attending childbirth classes, and buying items for the baby were also more likely to engage in nurturing and care-giving activities once the child was born.²



Prenatal Care

Mothers who receive late or no prenatal care are more likely to deliver babies with health problems. Mothers who receive no prenatal care are three times more likely to give birth to a low birth-weight baby.³ However, some health researchers are concerned that increased prenatal care alone may not result in substantial improvements to birth outcomes. Many women who lack adequate care also have social risk factors, including low socioeconomic status or becoming pregnant at a young age, factors that cannot be fully addressed through better prenatal care.⁴

In 2007, Indiana began using the “revised” 2003 U.S. Standard Certificate of Live Birth, which resulted in changes in the way questions were asked, and more specifically, changed the prenatal care question. Consequently, comparisons to data before 2007 are not recommended.⁵ Nationally, more women receive first trimester prenatal care than in Indiana, but the rates for both have been declining since the 1970s.⁶

- In Indiana during Calendar Year (CY) 2007, 67.5% of women received first trimester prenatal care. Please remember, due to the change in the definition of prenatal care, comparison to previous years is not recommended. However, trends do indicate that prenatal care in Indiana was on the decline even before the use of the new question.⁷
- In 2007, 70.8% of U.S. women who gave birth in states using the revised birth certificate received prenatal care within the first three months of pregnancy, and 7.1% received late, or no, care.⁸

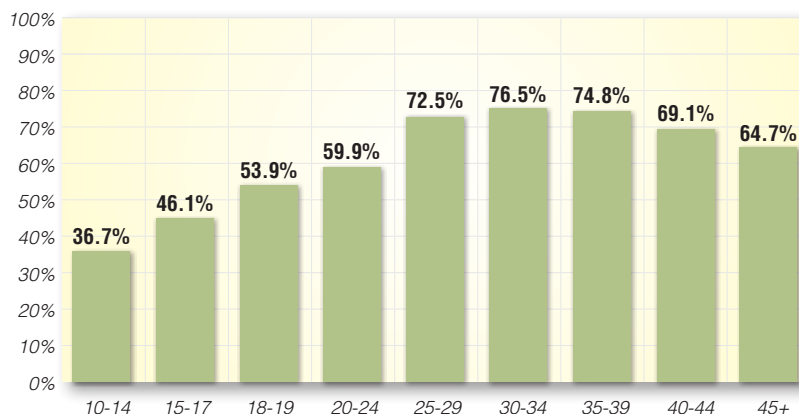
In both the state and the nation, early prenatal care varies by the mother’s race and ethnicity. Though aggregated categorization of race varies nationally from Indiana, the patterns remain the same. White, Non-Hispanic women were the most likely to receive prenatal care in 2007 (76.2%), with Hispanic women (of any race) at 64.7%, and Black, Non-Hispanic women at 59.2%.⁹ Early prenatal care also varies with age among Indiana youth: the younger the mother, the less likely she is to obtain first trimester prenatal care.¹⁰

First Trimester Prenatal Care by Race, Indiana: 2007

Race	Percent
Hispanic (of any race)	49.5%
Black	53.4%
American Indian/ Alaskan Native	60.8%
White	69.4%
Asian/ Pacific Islander	69.7%

Source: Indiana State Department of Health

Percentage of Mothers Receiving First Trimester Prenatal Care by Age, Indiana: 2007



Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

Prenatal Risk Factors

In addition to receiving prenatal care, pregnant women can improve their babies' health by abstaining from specific behaviors.

Smoking During Pregnancy

Women who smoke during pregnancy have more than twice the risk of delivering a low-birth weight baby, one defined as weighing less than 5 lbs., 8 oz. at birth. Pregnant smokers also have a 30-50% higher risk for miscarriage than nonsmokers. The babies of mothers who smoke during pregnancy have twice the risk of dying from Sudden Infant Death Syndrome (SIDS) than infants of nonsmoking mothers. And mothers who were exposed to secondhand smoke when pregnant have children with lower cognitive development scores at age 2, compared to children of mothers who lived in smoke-free homes during pregnancy.¹¹ The "revised" birth certificate also changed the smoking during pregnancy question, making comparisons to data before 2007 invalid.¹²

- In CY 2007, 18.5% of Indiana mothers reported smoking at any time during their pregnancies, compared to 10.4% nationally.
- Rates varied by age group, with Indiana mothers ages 18-19 having the highest rate (28.4%), followed closely by those between ages 20-24 (26.7%).¹³

Alcohol Use During Pregnancy

Alcohol use by the mother during pregnancy is one of the most preventable causes of birth defects and developmental disabilities.¹⁴ The U.S. Surgeon General warns pregnant women, and those who may become pregnant, to abstain from alcohol consumption in order to eliminate the chance of giving birth to a baby who suffers from the effects of the Fetal Alcohol Spectrum Disorders (FASD). FASD connotes the full spectrum of birth defects caused by prenatal alcohol exposure, and may include mild and subtle changes such as a slight learning disability and/or physical abnormality, through full-scale Fetal Alcohol Syndrome, which can include severe learning disabilities, growth deficiencies, abnormal facial features, and central nervous system disorders.¹⁵

- In 2007, Indiana began using the revised 2003 U.S. Certificate of Live Birth, which no longer asks for mother's use of alcohol during pregnancy, which eliminated this indicator.¹⁶
- In a 2009 national survey of drug use and health completed through the Substance Abuse and Mental Health Services Administration, among pregnant women ages 15-44, an estimated 10.0% reported current alcohol use, 4.4% reported binge drinking, and 0.8% heavy drinking.¹⁷

Percentage of Mothers Who Smoked During Pregnancy by Age and Race, Indiana: 2007

Age	White	Black	Hispanic, of any race
10-14	13.4	2.4	U
15-17	22.1	3.7	1.6
18-19	32.8	10.3	7.0
20-24	28.8	15.0	5.9
25-29	16.8	15.8	3.7
30-34	10.6	13.3	2.4
35-39	10.6	10.9	1.6
40-44	11.9	10.2	6.3
45+	7.1	11.1	U
Total Indiana	19.6	13.3	4.1
Total U.S.	16.3%	10.1%	2.1%

Source: Indiana State Department of Health, National Vital Statistics

Note: Races/Ethnicities with small populations not included due to large number of unstable percentages

Drug Use During Pregnancy

Some women require medication during pregnancy for their health, or for the health of the baby. However, women should consult their doctor regarding such medications to ensure they are safe for use during pregnancy. Illegal or unnecessary drugs may have harmful effects on children. Estimates indicate as many as 1 in 10 babies may be born to women who used illegal drugs during their pregnancies.¹⁸

- In the same report containing national estimates of alcohol use during pregnancy, 4.5% of pregnant women ages 15-44 reported using illicit drugs in the past month.
- Pregnant women ages 15-17 in the report's sample had a slightly higher rate of use than those who were not pregnant (15.8% vs. 13.0%).
- The rate of illicit drug use was lower for pregnant women ages 18-25 than those who were not pregnant (7.1% vs. 16.8%).¹⁹

Preterm, Low Birthweight (LBW), Very Low Birthweight (VLBW)

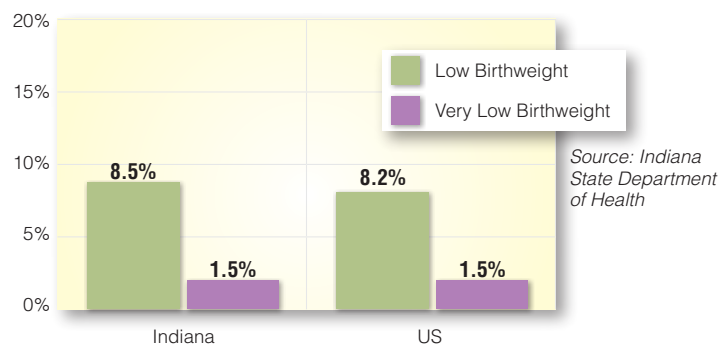
Births occurring at least three weeks before an infant's due date (earlier than the 37th week of pregnancy) are considered preterm births and are at higher risk for complications.²⁰ These complications can include breathing issues, heart problems, and intestinal issues.²¹

- In CY 2007, 10.8% of all births in Indiana were preterm.
- Nationally, 12.7% of all babies were born preterm in 2007.
- The national preterm birth rate rose steadily between 1990 and 2006, but is decreasing according to preliminary 2008 numbers.²²

Infants born weighing between 1,500 and 2,499 grams (5 lbs., 8 oz. or 3 lbs., 5 oz.) are considered low birth weight (LBW); those born with a weight under 1,500 grams (3 lbs., 4 oz.) are considered very low birth weight (VLBW). Infants born at low, or very low, birth weight are at increased risk for serious health problems such as mortality, long-term disability, or impaired development. Babies of mothers who smoke during pregnancy have an increased risk of being born LBW or VLBW.²³ Mothers ages 10-14, and those over the age of 45, are more likely than other women to deliver babies born LBW.²⁴



Percentage of Low Birthweight and Very Low Birthweight, Indiana vs. U.S.: 2007



Births to Unmarried Parents

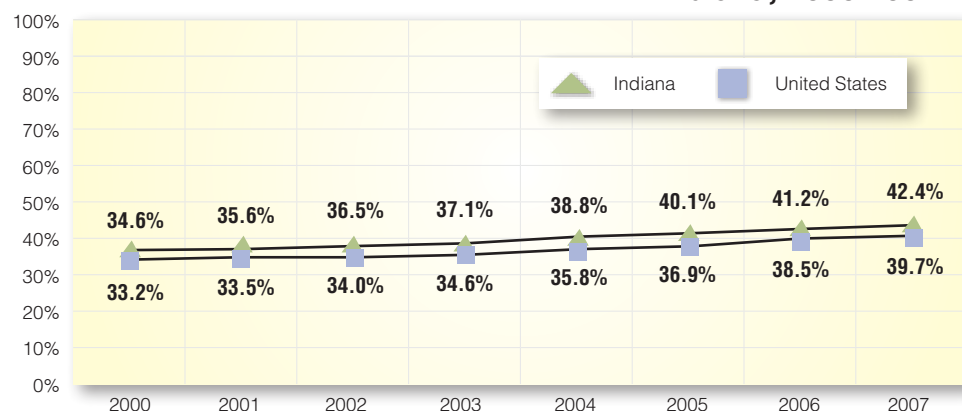
The number of births to unmarried parents continues to increase both in Indiana and the United States. Children born to unmarried parents, teen parents, or mothers without a high-school diploma are likely to have lower income levels than families with married, more highly educated parents, and those that have delayed having children. Even children born to cohabitating couples are more likely to be poor, have inadequate access to food, and display more behavior problems compared with children of married couples.²⁵ According to an analysis of data from the Early Childhood Longitudinal Study – Birth Cohort, cohabitating couples accounted for more than half of births to unmarried parents. While children born within cohabitating unions were often found to be better off economically than children born to single-mother households, research indicates they still face greater risks than children born to married couples.²⁶

- In 2007, 42.4% of Hoosier births were to unmarried parents.
- Nationally, the number of babies born to unmarried parents in 2007 was 39.7%, an increase of 6% from 2002; the rate has also continued to increase annually.²⁷

The likelihood of being an unmarried parent varies by age and race/ethnicity. Rates are typically highest for women in their early twenties.²⁸

- 61.0% of Indiana mothers ages 20-24 were unmarried compared to 30.9% ages 25-29, and 19.5% ages 30-34.
- Nationally, 71.6% of Non-Hispanic Black women, 51.3% of Hispanic women, and 27.8% of Non-Hispanic White women who gave birth were not married.²⁹

Non-marital Births as a Percentage of All Births, U.S. and Indiana, 2000-2007



Source: Indiana State Department of Health; U.S. Department of Health and Human Services, National Vital Statistics Reports

Child Health

“Well-child visits,” or check-ups, are important for children as they grow because they allow inquiries about children’s growth, as well as assessments of their development.³⁰ In Indiana, 86.3% of children had a preventative health care visit in the last year.³¹ By intervening early, providers and parents may influence children’s health and development, including both their readiness to learn at school and also their risk of suffering from many diseases later in life.³²

Health Insurance

The availability of health insurance is an important determinant of childhood health care because insured children are likely to be healthier, and have lower rates of avoidable hospitalizations and childhood mortality, than their uninsured peers. Without access to a family doctor, parents are more likely to rely on the emergency room as a source of care, and to forgo preventative visits and other necessary health, dental or other medical care for their children.³³ A higher percentage of Hoosier children are covered by health insurance than their peers nationally.

- In 2007, 7.6% of Hoosier children under 19 were uninsured, compared to 11.2% nationally.³⁴

Though some children receive coverage from their parent’s private health insurance plan, many, including wards of the state, rely on government programs for access to healthcare. In Indiana, Hoosier Healthwise provides health insurance to low income families.

- During State Fiscal Year (SFY) 2009, 754,742 Indiana children were enrolled in Hoosier Healthwise, up significantly from 591,670 in SFY 2008.³⁵

The Children’s Special Health Care Services (CSHCS) provides supplemental medical coverage to families with children from birth to 21 years with a serious, chronic medical condition that has lasted, or may be expected to last, at least two years. A family is eligible if their income is below 185% Federal Poverty Level (FPL).³⁶ The CSHCS Program served 6,394 children and youth with special healthcare needs during SFY 2009.³⁷

Indiana also has new health insurance for the working poor, called the “Healthy Indiana Plan” (HIP), which began in 2008. Participants may be ages 19-64 and must meet additional program stipulations. Once enrolled, participants pay between 2% and 5% of their gross family income for health insurance coverage, with the exact cost depending on income and family size.³⁸ For calendar year 2009, 59,306 individuals were enrolled in HIP.³⁹



Family Monthly Income/Asset Guidelines for Hoosier Healthwise Eligibility, Indiana: 2009

Family Size	Free (< 150%)	Low-Cost (150% - 250%)
1	\$1,354	\$2,257
2	\$1,822	\$3,036
3	\$2,289	\$3,815
4	\$2,757	\$4,594

Source: Indiana State Department of Health

Vaccines and Immunizations

Childhood immunizations help prevent outbreaks of disease. Because children are highly susceptible to disease, the Centers for Disease Control and Prevention (CDC) recommends children receive vaccines for preventable diseases by the time they are 2 years old. The CDC's immunization schedule for children recommends four doses of the diphtheria, tetanus, and pertussis (DTP) vaccine; three or more doses of polio vaccine; one or more doses of the measles-mumps-rubella (MMR) vaccine; three or more doses of the Haemophilus influenzae Type B (Hib) vaccine; one hepatitis B vaccine; and one or more of the varicella (chickenpox) vaccine. Known collectively as the 4:3:1:3:3:1 series, these vaccines are required before a child begins kindergarten.⁴⁰ According to the 2009 National Immunization Survey, 70.5% of children between the ages of 19-35 months were immunized with the 4:3:1:3:3:1 series nationwide, compared with 67.3% of Indiana children in the same age group.⁴¹



New for the 2010-2011 School Year, students must now have additional vaccines.

Students entering preschool or kindergarten must now have two appropriately documented varicella vaccines, separated by at least three months, or physician documentation of disease history, or laboratory evidence of immunity.

Students entering grades 6 – 12 must have appropriate documentation of the following vaccinations: Tetanus, diphtheria, acellular pertussis vaccine (Tdap); meningococcal conjugate vaccine (MCV4 – Menactra); two varicella vaccinations appropriately spaced per CDC guidelines, or documentation of disease history, or laboratory evidence of immunity.⁴²

Disability

The Census Bureau defines a disability as a long-lasting physical, mental, or emotional condition. Information is available regarding the types of disability by age and gender, and is updated yearly through estimates published by the American Community Survey.⁴³

- In Indiana, 2,456 children under age 5 had either vision or hearing difficulty in 2009, and 608 had both.
- Of the estimated 67,849 Hoosier youth ages 5-17 with a disability in 2009, 15,595 (22.9%) reported two or more types of disabilities.⁴⁴
- 6.0% of the 5-17 population in Indiana has a disability.⁴⁵

Reported Disabilities of Youth Ages 5-17, Indiana: 2009

Disability	2009	Source: U.S. Census Bureau, 2009 American Community Survey, Table S1810 Note: Percentages add up to more than 100% as a person may report more than one disability.
Cognitive	77.4%	
Self-care	14.8%	
Ambulatory	11.2%	
Vision	10.8%	
Hearing	10.2%	

Wellness

Regular physical activity is important to a child's overall health. Research has found physically active kids are more likely to perform better academically, and breaks for physical activity may improve cognitive performance and classroom behavior.⁴⁶

The Surgeon General notes that childhood and adolescence is a time to build healthy habits and prevent sedentary behavior through physical activity, especially through school-based interventions that increase activity levels.⁴⁷ Families can influence their child's physical activity, and compared to teens that are moderately or highly active, less-active teens were more likely to have parents that do not exercise.⁴⁸

The 2009 Youth Risk Behavior Survey reports that 40.6% of Indiana's high school students were physically active at least 60 minutes per day, five or more days per week, compared to 37.0% nationally.⁴⁹

Percentage of High School Students Who are Physically Active, Indiana: 2005-2009

	2005	2007	2009
% of students who were physically active for a total of at least 60 minutes per day (5 or more days/week)	32.2	43.7	40.6
% of students who watched three or more hours of TV/day on a school day	31.9	28.7	29.0
% of students who attended physical education (PE) classes on one or more days in an avg. week while in school	38.7	40.2	34.8
% of students who played on one or more sports teams during the past 12 months	58.8	57.0	54.5

Source: 2009 Youth Risk Behavior Survey

Childhood Overweight and Obesity

Overweight children are at an increased risk of developing specific health issues including cardiovascular diseases, type-2 diabetes, sleep apnea, high cholesterol and asthma. Being overweight may also be associated with being bullied, which may have a negative impact on a child.⁵⁰

In 2010, the Center for Disease Control reassessed the terms used for children who are overweight or obese. The term "overweight" has replaced "at risk for overweight" for a BMI-for-age (Body Mass Index) between the 85th percentile and 95th percentile, while the term "obese" should be used for those at, or above, the 95th percentile (formerly known as "overweight").⁵¹ According to the most recent Youth Risk Behavior Survey (2009):

- 15.9% of Hoosier 9th-12th graders were overweight, compared to 15.8% nationally.
- 12.8% of Hoosiers high school students were obese, a slightly higher rate than the nation (12.0%).⁵²

Lead Poisoning

Though lead poisoning has no obvious symptoms, elevated lead levels in the blood are harmful to the nervous systems of young children and may cause learning disabilities, lowered intelligence, and behavior problems. Extremely high levels of lead in a child's blood may cause seizures, coma, and even death. Until it was banned as an ingredient in 1978, lead was commonly found in the paint used in many homes. It is still commonly found in older homes, and very young children are particularly susceptible to exposure through inhaling, sucking, or eating lead paint chips or dust. Young children should be tested regularly to detect lead poisoning.⁵³ In Indiana, children are tested for lead poisoning if they are younger than 7 years old and present defined risk factors, including living in a house built before 1978, being a minority, or having a family member who works around lead.⁵⁴

- In Calendar Year (CY) 2009, 64,359 Hoosier children were tested.
- There were 375 confirmed cases of lead poisoning in children in 2009 (5.8% of those tested).
- Between 2005 and 2009, 2,624 Indiana children were diagnosed with lead poisoning.⁵⁵

Asthma

Asthma is a chronic inflammation of the airways characterized by excessive sensitivity of the lungs to various stimuli. Several factors may trigger an asthmatic “episode” or “attack”: exercise, stress, viral infections, allergies, or airborne irritants such as cigarette smoke or gasses. Asthma is the most common chronic childhood illness, affecting approximately 7.1 million American children (about 9.6% of all children under age 18) in 2009.⁵⁶

- In a state survey of health risk factors, 13.4% of children from birth to 10 years old were diagnosed by a health professional that he/she had asthma. 16.6% of the children surveyed had been diagnosed in the 11-17 age category.
- Prevalence of asthma in Indiana is higher for boys (16.7%) than girls (12.6%), and for Black children (20.8%) than White children (13.7%), and Hispanic children (17.0%) greater than Non-Hispanic children (14.5%).⁵⁷

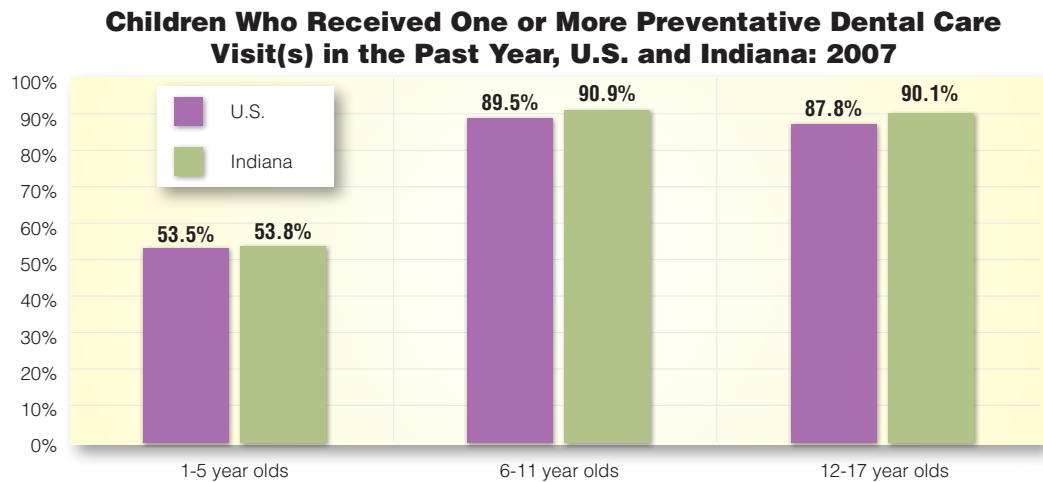
Confirmed Cases of Lead Poisoning by Groups, Indiana: 2009

	Confirmed
Male	54%
Female	46%
White	49%
Black	23%
Asian/Pacific Islander	6%
Multiracial	.3%
Other	3%
Unknown	18%

Source: Indiana State Department of Health, http://www.in.gov/isdh/files/2009_Legislative_Report_-_on_website.pdf

Oral Health

Research indicates a connection between oral and general health. Lack of oral care and treatment may lead to lung and heart disease, infections, low birth weight, and pre-term babies.⁵⁸ The National Survey of Children's Health provides measures of children's oral health for the state and the nation.



Source: 2007 National Survey of Children's Health

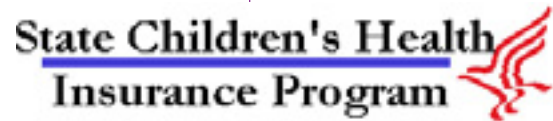
In 2007, among Hoosier youth ages 1-17, more than three-quarters (79.4%) received preventative dental care in the previous year, similar to the national rate of (78.4%). Younger children are less likely to receive preventative dental care.⁵⁹

Mental Health

According to the World Health Organization, mental health is “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to the community.”⁶⁰ Whether problems with mental health are long or short term, people with these disorders often face social isolation, poor quality of life, and increased risk of mortality.⁶¹

Mental Health Care

Indiana also offers the Hoosier Assurance Plan (HAP), which is the primary funding system used by the Indiana Family and Social Services Administration's Division of Mental Health and Addiction (DMHA) to pay for mental health and addiction services. DMHA contracts with managed care providers that provide care for individuals who meet diagnostic, functioning level and income criteria. The managed care providers supply a year's care at the most appropriate levels to all enrollees. Children and adolescents with serious emotional disturbance are one of the program's target populations.⁶² In SFY 2008, 29,400 children under 18 were served by the program.⁶³ In 2009, Indiana recognized the importance of mental health in a child's overall well-being by passing legislation to include mental health services in the State Children's Health Insurance Plan.⁶⁴



Common Mental Health Issues for Children

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common childhood neurobehavioral disorders; it is often first diagnosed in childhood and frequently lasts into adulthood. Children with ADHD have trouble paying attention, controlling impulsive behaviors, and in some cases, are overly active.⁶⁵ An estimated 3-7% of school-aged children in the nation suffer from ADHD, and some studies have estimated higher rates in community samples.⁶⁶

- In Indiana in 2007, 8.2% of children ages 2-17 were reported to have ADHD; 6.0% currently received medication for the disorder, while 2.2% did not.
- Nationally, 6.4% of children 2-17 years old were reported to have ADHD, with 4.2% receiving medication and 2.2% not.
- In Indiana, boys (11.5%) were more likely to have ADHD than girls (4.7%), which also reflect national rates.⁶⁷

Another common mental health issue for children is autism spectrum disorders (ASDs), which may cause significant social, communication and behavioral challenges for children. Youth with ASDs process information differently than their peers, which often causes difficulties with social interaction.⁶⁸

- It is estimated that between 1 in 80 and 1 in 240 (average of 1 in 110) children in the United States have an ASD.
- ASDs occur in all racial, ethnic, and socioeconomic groups, yet are four to five times more likely to occur in boys than in girls.
- For every 4 million children born in the United States annually, approximately 36,500 children will eventually be diagnosed with an ASD. Assuming the prevalence rate has remained constant over the past two decades, we may estimate that approximately 730,000 individuals between the birth and age 21 have an ASD.⁶⁹

Anxiety, Depression, and Post Traumatic Stress Disorder

Anxiety, Depression, and even Post Traumatic Stress Disorder may become an issue in a child's life due to stress or a traumatic event. Youth who experience anxiety or depression are more likely to engage in risky behavior during adolescence and struggle with school or work.⁷⁰

Anxiety disorders typically begin during childhood or adolescence; half of adults with anxiety disorders demonstrate symptoms by age 11, and 75% by age 21.⁷¹ The combined prevalence of all types of anxiety disorders among youth is higher than all other mental disorders of childhood and adolescence. Youth with anxiety disorders are at a greater risk for repeated school absences, impaired relations with peers, low self-esteem, and problems adjusting to work situations.⁷²

Depression can have adverse affects on a person's health – especially if he or she has chronic conditions – as well as increase absenteeism and decrease productivity.⁷³ More than a quarter (28.1%) of Hoosier students felt sad or hopeless almost every day for two weeks or more in a row during 2009, compared to 26.1% of students nationally.⁷⁴

Youth may develop Post-Traumatic Stress Disorder (PTSD) if they have lived through an event that caused severe stress or helplessness, such as witnessing violence or a natural disaster, or being sexually or physically abused. Studies show that approximately 15-43% of girls and 14-43% of boys experience at least one such trauma or event. Of those children and teens, 3-15% of girls and 1-6% of boys develop PTSD. Rates of PTSD are higher for certain types of trauma survivors. Children who witness a parent being killed or see a sexual assault are at high risk of developing PTSD.

- A majority of sexually abused children develop PTSD (90%), as do 77% of children who witness a school shooting.
- Another 35% who witness violence where they live develop PTSD.⁷⁵

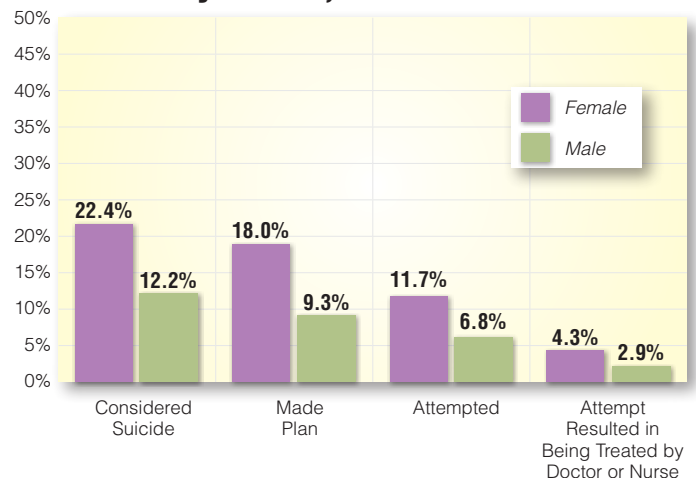
Intentional Self Harm

Suicide

Suicide or thinking of suicide is an important health issue that affects youth.⁷⁶ While females are more likely to think about suicide and attempt it, boys are more likely to die from suicide.⁷⁷ Suicide is the 3rd leading cause of death for males under 18, and the 6th for females under 18 (in Indiana 2007).⁷⁸ Almost three of every five (57.6%) of emergency department visits for drug-related suicide attempts among young adults were made by females.⁷⁹

- In 2009, 17.2% of Indiana high school students seriously considered attempting suicide in the past year, compared to 13.8% nationally.
- 13.5% of Hoosier students made a plan to commit suicide compared to 10.9% nationally.
- In 2009, nearly 1 in 10 of Hoosier students (9.3%) attempted suicide one or more times in the last year, an increase from 7.2% in 2007. Additionally, 3.6% of students in 2009 made a suicide attempt that resulted in injury that had to be treated by a doctor or nurse. Nationally, 6.3% of students attempted suicide in 2009, and 1.9% made attempts that required medical treatment.⁸⁰

Percentage of High School Students Considering or Attempting Suicide by Gender, Indiana: 2009

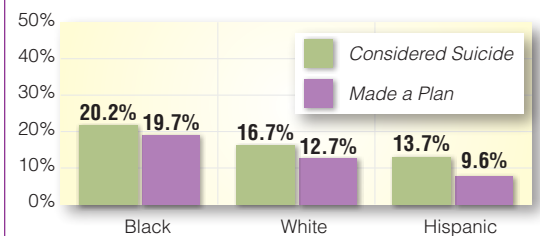


Source: 2009 Indiana Youth Risk Behavior Survey

Eating Disorders and Weight Control

A distorted view of one's body may lead a person to try to control his or her weight by increasing exercise, not eating, or even taking laxatives. When taken to an extreme, these behaviors may lead to negative health consequences such as death.⁸¹ Early identification and treatment of disordered eating and extreme weight control behaviors may prevent progression and reduce the risk of chronic health issues.⁸² Compared to national rates, more Indiana students skipped eating to lose, or avoid gaining, weight and vomited or took laxatives in the last month. Hoosier female high school students are more likely to employ every type of controlled eating behavior, however male students also exhibit this behavior. While nearly one-third (29.3%) of Indiana high school students would describe themselves as slightly or very overweight, almost half (45.7%) said they were trying to lose weight.⁸³

Percentage of High School Students Considering Suicide or Making a Plan by Race, Indiana: 2009



Source: 2009 Indiana Youth Risk Behavior Survey

Self-Reported Eating Behaviors Among High School Students, Indiana: 2009

	United States	Indiana	IN Male	IN Female
Ate less food or fewer calories to lose weight/not gain in the last month	39.5%	38.0%	29.9%	46.2%
Went without eating for a day or more to lose weight/keep from gaining	10.6%	13.2%	9.1%	17.5%
Took diet drugs in the last month	5.0%	4.9%	3.8%	5.7%
Vomited or took laxatives in last month	4.0%	5.4%	3.4%	7.6%

Source: 2009 Indiana Youth Risk Behavior Survey

Self-injury or Self-mutilation

Self-injury or self-mutilation (intentionally and repeatedly harming oneself), is often known as “cutting.” However, other methods may also be used such as burning, punching, or poisoning. While research is limited, it is estimated that a majority of self-injurious behavior happens among teenagers and young adults, with incidences of this behavior higher among young women. Some sources link the behavior to a history of childhood sexual abuse.⁸⁴ Most research shows that females and those of higher socioeconomic status are slightly more likely to self-injure.⁸⁵

Alcohol, Tobacco, and Other Drug Use

According to the most recent survey of Indiana 6th-12th graders by the Indiana Prevention Resource Center (IPRC), lifetime use of cigarettes by 6th through 12th graders has decreased since 2009. The largest decrease was found

among 12th graders, who registered a drop of 3.2 percentage points from last year. Another important finding from the survey shows that youth perceptions of easy access to alcohol, cigarettes and marijuana – also known as gateway drugs or drugs of first use – are associated with an increase in their monthly use rates.⁸⁶

Percentage Of Indiana 12th Grade Students Reporting Having Ever Used Alcohol, Tobacco, and Other Drugs, Indiana: 2006-2010

	2006	2007	2008	2009	2010
Cigarettes	50.9	48.4	48.2	46.9	43.7
Alcohol	70.2	69.2	68.5	66.5	67.8
Marijuana	37.1	36.5	36.5	36.8	38.6
Inhalants	10.1	8.5	9.0	8.0	8.2
Prescription Drugs	7.0	11.3	11.8	11.6	14.6
Ecstasy	5.6	5.1	5.5	5.9	6.5

Source: Indiana Prevention Resource Center, Indiana Youth Annual Monograph, http://www.drugs.indiana.edu/data-survey_monograph.html

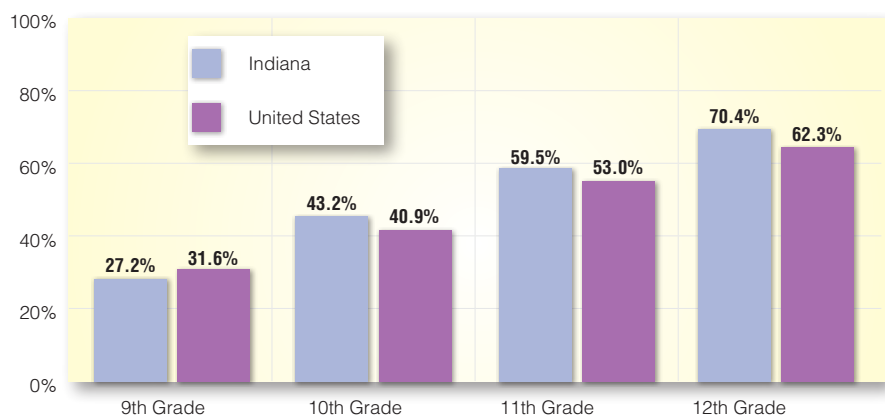
Sexual Activity

Research shows that the most common first sexual partner for teenagers is those they are dating or “going steady with” (72% females and 56% males) as opposed to someone they are less involved with.

However, the second most common relationship is “having just met,” which is more common for males (25% of males and 14% of females).⁸⁷ The likelihood of engaging in sexual intercourse increases with age and varies by gender.

- In 2009, 49.2% of Indiana high school students reported ever having sexual intercourse, unchanged from 49.1% in 2007.
- Nationally, 46.0 % of high school students report ever having had sexual intercourse in 2009.
- In Indiana, 45.5% of male high school students report ever having had sexual intercourse, compared to 52.8% of females.⁸⁸

Percentage of High School Students Reporting Ever Having Sexual Intercourse by Grade Level, Indiana vs. U.S.: 2009



Source: 2009 Youth Risk Behavior Survey

Condom and Birth Control Use

Teen females are almost twice as likely to have a birth before reaching age 20 if they are sexually active and did not use a method of birth control during their first sexual intercourse.⁸⁹

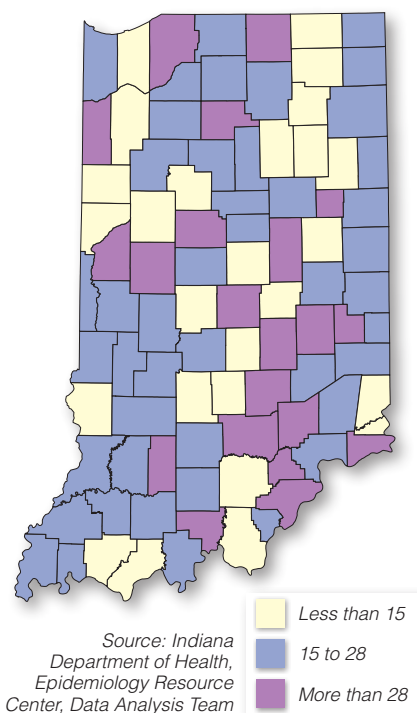
- Among sexually active students, 58.0% of Hoosier high school students reported using condoms during their last sexual encounter, compared with 61.1% nationally.
- 51.6% of Hoosier female high school students used a condom, compared to 65.9% of Hoosier male high school students.
- In Indiana, 23.2% of sexual active students used birth control in the last three months to prevent pregnancy compared to 22.9% nationally.
- In 2007, 26.7% of Hoosier girls used birth control, compared to 18.9% of males.⁹⁰

Teen Pregnancy

Young females are twice as likely to have a birth in their teens when their mothers also gave birth as a teenager.⁹¹ After several years of decrease, Indiana's teen birthrate has increased slightly in the last few years of reported data.

- In CY 2007, the birthrate for Hoosier 15-17 year olds was 22.0 per 1,000 females of that age. This is an increase from 2006, when the birthrate for 15-17 year olds was 20.8 per 1,000.
- In 2007, the birthrate for Indiana girls ages 15-19 was 45.1 per 1,000.⁹²
- The national birth rate for 15-17 year olds was 22.1 per 1,000, mirroring Indiana's trends.
- Nationally, for females ages 15-19, the birthrate is 42.5 per 1,000.⁹³

**Teen Birth Rate per 1,000
Females Age 15-17
by County, Indiana: 2007**



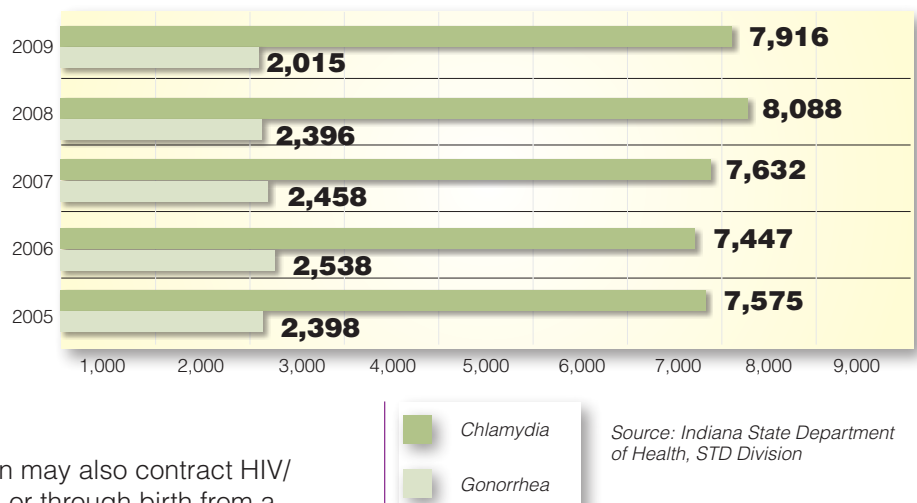
Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are infections or diseases passed from person to person through sexual contact. The Centers for Disease Control and Prevention (CDC) reports that half of the 19 million new infections each year occur in young people ages 15-24.⁹⁴ STDs found in young children can be indicative of sexual abuse. Sexual abuse should be suspected in the case of genital herpes, postnatally acquired gonorrhea, syphilis and nontransfusion, nonperinatally acquired HIV. The investigation of sexual abuse in these cases should be conducted by clinicians who have experience and training in the evaluation of child abuse and assault.⁹⁵

- In 2009, the number of Indiana youth under age 20 diagnosed with chlamydia decreased from 2008, with 7,916 cases in 2009 and 8,088 the previous year. Cases of chlamydia among those under 20 peaked in 2008.
- Cases of reported gonorrhea among Indiana youth under age 20 have been on the decrease, with 2,015 cases in 2009, a decrease from a peak of 2,538 cases in 2006.
- Four cases of infectious syphilis were reported for Hoosier youth under 20, as well as one presumptive congenital syphilis case (in an infant). The number of youth under 20 diagnosed with syphilis remains low from year to year, ranging from five children in 2004 to 16 in 2008.⁹⁶

HIV/AIDS may be transmitted in youth through unprotected sexual activity as well as drug use. Children may also contract HIV/AIDS through perinatal transmission, or through birth from a mother with HIV/AIDS.⁹⁷ In 2009, there were 32 new HIV/AIDS reports for youth ages 13-19 in Indiana.⁹⁸

Number of Youth Under Age 20 Diagnosed with a Sexually Transmitted Disease, Indiana: 2005-2009



Prevalence Rate of Persons Living with HIV/AIDS, Indiana: 2008

Ages	Rate per 100,000 Children
0-9	1.1
10-14	5.3
15-19	11.5
20-24	58.6

Source: Indiana State Department of Health, HIV Division

Infant, Child, and Teen Deaths

Infant Mortality

The number of children that die before they reach their first birthday per every 1,000 live births is known as the infant mortality rate, and low birth weight is one of the leading causes of infant death.⁹⁹

- During CY 2007, 677 Hoosier infants died within a year after birth. The three leading causes of infant death in Indiana were short gestation/low birthweight, birth defects, and accidents.¹⁰⁰
- In 2007, 29,138 infants died nationally. The three leading causes of infant death nationally were birth defects, short gestation, and Sudden Infant Death Syndrome (SIDS).¹⁰¹
- In 2007, the national infant mortality rate was 6.8 deaths per 1,000 infants. In Indiana, the rate was higher at 7.6 per 1,000. Indiana's infant mortality rate continues to rank higher than the nation.¹⁰²

Child Deaths

Child deaths are those that occur between the ages of 1-14. The leading causes of death for children ages 1-14 in Indiana in 2007 were accidents, cancer, birth defects, homicide, and heart disease.

- In 2007, 257 child deaths occurred in Indiana, and the number of child deaths has decreased since 2005.¹⁰³
- Nationally, 10,850 children died from all causes in 2007. The leading causes of deaths to this age group nationally are accidents, cancer, birth defects, homicide, and heart disease (same as Indiana).¹⁰⁴
- In 2007, the national childhood death rate was 19 per 100,000 children ages 1-14 compared to Indiana's child death rate of 21 per 100,000.¹⁰⁵

Teen Deaths

Teen deaths are those that occur among youth ages 15-19. Deaths from accidents, homicides, and suicides accounted for over 75% of all teen deaths nationally in 2007.

- In 2007, 306 Indiana teens ages 15-19 died from all causes. Almost half (49.0%) of these deaths were due to accidents, 11.8% due to suicides, and 10.5% were homicides.¹⁰⁶
- In 2007, 13,299 teens died nationally from all causes. Of those deaths, 48.8% were accidents (noted as unintentional injury), 16.7% were homicides, and 11.1% were due to suicides.¹⁰⁷
- In 2007, the national teen death rate was 62 deaths (ages 15-19) per 100,000 teens; Indiana's rate was higher at 68 per 100,000.¹⁰⁸

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Education

Educational experiences shape children's lives, from their early child care setting to their high school experience and beyond.

Indiana continues to enroll more child care providers in their voluntary rating system, but more parents are in need of child care vouchers as the waiting list grows. More than one million children attend public schools in the state and high school graduation continues to improve. A majority of students pass the state standardized test, yet Indiana has only a third of its fourth grade students who score proficient on the national reading test. The following section provides an overview of the educational experience of Hoosier children with areas of success as well as areas in need of improvement.

Early Childhood

Many critical aspects of brain development occur well before a child enters school, occurring both before, and soon after, birth.¹

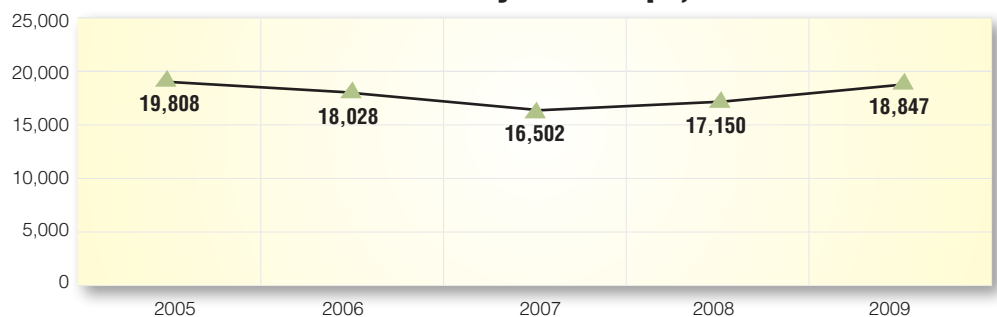
Since more than half (64.9%) of Indiana's children under age 6 have all parents in the workforce (either both parents for married couples, or the head of household in single parent families),² quality child care is especially important.

First Steps

The First Steps program provides physical, speech, and developmental therapies and services for those children from birth to age 3 who are experiencing developmental delays or disabilities. The program was created to give Indiana's children and their families the widest array of early intervention resources possible.³ Services are free for families whose income is at 250% or less of the federal poverty guidelines; fees are charged on a sliding scale for families with higher incomes.⁴

- First Steps served 18,847 children under age 3 in SFY 2009.⁵
- During 2009, the average age of referral for Indiana children in First Steps was 14 months old.
- Developmental therapy (68%), speech therapy (57%), occupational therapy (47%) and physical therapy (45%) were the most utilized services.
- The statewide average paid on behalf of each child served for SFY 2009 was \$1,986.
- In State Fiscal Year (SFY) 2009 First Steps paid more than \$48 million dollars on behalf of Indiana's children.⁶

Number of Children Served by First Steps, Indiana: 2005-2009



Source: Indiana Family and Social Services Administration

Early Head Start and Head Start

Early Head Start is a federally funded community-based program for low-income pregnant women and families with infants and toddlers. The program promotes healthy prenatal outcomes, and enhances the development and health of very young children and their families.⁷ Head Start serves children ages 3-5, and focuses on comprehensive child development services, parental involvement, and partnering with the community to provide services.⁸ To be eligible to receive Head Start, family income must be at, or below, the federal poverty line. According to the federal poverty threshold, the maximum household income for a family of four was \$22,050 in 2009.⁹ For SFY 2009 in Indiana:

- 14,598 total funded enrollment openings were available for Early Head Start (908), and Head Start (13,690). This is a slight decrease from the 14,611 total slots in SFY 2008.
- In addition, there were 33 funded enrollment openings for pregnant women through the Early Head Start program in 2009, a decrease from 52 slots in 2008.

The actual number of children served is higher than the funded enrollment openings due to children transitioning through the program.

- In SFY 2009, a total of 17,431 children were served through Early Head Start (1,552) and Head Start (15,879); 169 pregnant women were also served by the program.
- A total of 15,981 Hoosier families were served through Early Head Start and Head Start programs in SFY 2009 compared to 15,887 in 2008.¹⁰

School Readiness

According to early childhood program research, every dollar invested in high-quality early care and education produces an estimated \$7, since participants were more likely to pursue additional education as adults, earn higher wages, and rely less on government assistance programs.¹¹ Preschool programs have also been found to boost school readiness by strengthening academic skills including reading and math.¹² However, families with modest incomes (under \$60,000) have the least access to preschool education, and often those who could benefit most from the programs do not attend.¹³

Reading aloud and telling stories to a young child at home, along with formal education, are important ways to help children learn how to speak and read by themselves.¹⁴ In Indiana, only about half (51.7%) of children ages 0-5 are read to every day by their family, and 60.0% of children ages 0-5 were sung to, or had a story read to them every day.¹⁵



Child Care

There are three types of state-identified child care providers: licensed child care centers, licensed child care homes, and unlicensed, registered child care ministries.¹⁶ The registration process for child care ministries is voluntary and is designed to help providers implement program standards that meet children's basic health and safety needs.¹⁷

Among these three categories, during Indiana's SFY 2010:

- 597 licensed child care centers had the capacity to serve 63,763 children, an increase from 594 centers with a capacity of 61,990 in SFY 2009.
- 3,040 licensed child care homes provided 37,999 spaces, a decrease from 3,051 homes and 37,823 spaces in SFY 2009.
- 714 registered child care ministries had an estimated capacity of 48,181 children compared to 701 ministries with a capacity of 42,151 in 2009.
- An average 22.5 openings in licensed child care (center and homes) were available per 100 children ages 0-4 during SFY 2009.¹⁸
- 67% of child care requests in Indiana were for infants, toddlers, and preschoolers; 32% were for school-age children.
- 92% of requests were for full-time care; 8% for part-time care.¹⁹
- In 2009, cost of child care for an infant in an Indiana center was over one-third (42.1%) of the state median income for a single mother and 13.4% of the state median income for a two-parent family.
- For care of a 4 year old, cost of child care for an infant in an Indiana center is 30.7% of the state median income for a single mother, and 9.8% of the state median income for a two-parent family.²⁰

Average Annual Fees for Full-Time Child Care, Indiana: 2007-2009

Year	Child Care Center			Family Child Care		
	Infant	4-year-old	School-age	Infant	4-year old	School-age
2009	\$9,927	\$7,245	\$6,940	\$5,671	\$4,998	\$4,598
2008	\$9,590	\$6,990	\$6,341	\$5,627	\$4,938	\$4,559
2007	\$9,005	\$7,001	\$6,108	\$5,304	\$4,690	\$4,368

Sources: National Association of Child Care Resource and Referral Agencies, Supply and Cost Reports

Child Care Quality

The quality of child care children receive can influence their future. A recent longitudinal study found that children who received high-quality child care when they were younger scored slightly higher on academic reports as teens, compared to teens that received lower-quality care. Teens who were cared for outside the home as a child were also more likely to engage in risky behavior despite the quality of care.²¹

Indiana is one of many states that have implemented a voluntary rating system designed to help parents find high-quality care for their children.

Part of a program entitled, "Paths to QUALITY (PTQ)," implementation of the program began in 2008.²² Substantial and valid evidence supports PTQ's tiered approach,²³ and enrollment in PTQ is an ongoing process.

- As of June 2010, 1,808 providers throughout the state were enrolled in PTQ, an increase over the 1,351 providers enrolled in May 2009.
- These PTQ providers had the capacity to serve 66,557 children as of June 2010. This represents 44.4% of the total capacity of centers, homes and ministries in the state.²⁴

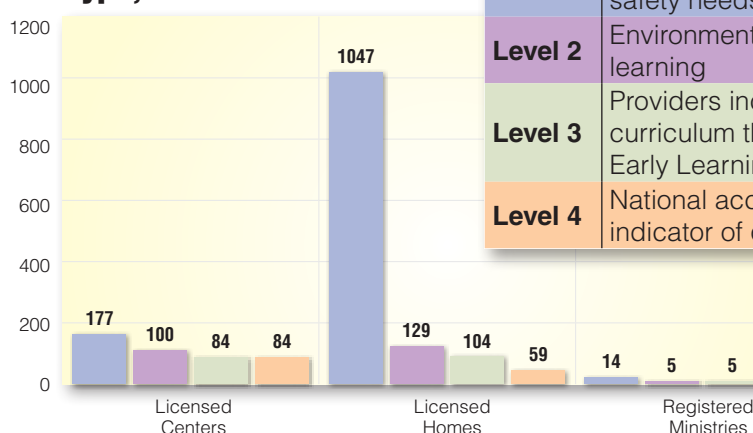
Child Care Vouchers

Families who meet poverty guidelines are eligible for subsidized child care through Indiana's Child Care Development Fund (CCDF) voucher program, and all licensed child care providers are considered eligible to receive reimbursement through the program.²⁵ During Federal Fiscal Year (FFY) 2007, Family and Social Services Administration (FSSA) increased the eligibility levels of families served from those whose income was up to 140% of the federal poverty level to those with an income of up to 170% of the poverty level. For those above the poverty line, a sliding scale co-payment applies.²⁶ A recent study by the Government Accountability Office estimates that only 17% of eligible children receive child care fee assistance.²⁷

- In SFY 2009, 55,360 Hoosier children received child care vouchers and a total of 29,202 families were served.
- The average number of children on the waiting list for child care vouchers was 8,488 children in 2009 compared to 5,831 children in 2008.²⁸



Paths to Quality Program Enrollment by Provider Type, Indiana: 2010*



Indiana Paths To Quality Levels

Level 1	Provider meets basic health and safety needs of children
Level 2	Environment supports children's learning
Level 3	Providers include a planned curriculum that aligns with Indiana Early Learning Guidelines
Level 4	National accreditation (the highest indicator of quality) is achieved

Source: Indiana Family and Social Services Administration, Paths to Quality *as of June 2010, <http://www.in.gov/fssa/2554.htm>

K-12 Education

Although Indiana law does not require children to attend school until the school year in which they turn 7 years old (entering 1st grade), many children begin with kindergarten at age 5 or 6.²⁹ The state of Indiana will provide \$58.5 million in funding for the Full-Day Kindergarten Program for 2010-2011.³⁰ As of School Year (SY) 2008, 60.9% of Indiana's kindergarten students were enrolled in full-day, and school corporations serving high-poverty populations had higher enrollments in full-day.³¹



The law on compulsory school attendance changed in 2008. Hoosier children are now required by law to attend school until they graduate or turn 18. A student who is at least 16 years of age but less than 18 may not withdraw from school before graduation unless he or she has parental permission. Even then, the withdrawal must be due to financial hardship, employment necessary for family support, major medical illness, or through court order.³² This change in the law influenced dropout statistics, and led to an overall reduction from 8,909 students in SY 2007 to 5,475 students in SY 2008. For SY 2009, 8.7% of the student population was considered dropout or "unknown."³³

Student Populations

Students have several paths for completing their formal education, including public, non-public, home, and alternative education participation. In SY 2009:

- 1,046,263 children in the state of Indiana attended public schools (91%).
- 70,877 children attended non-public, state accredited schools (6%).
- 30,175 children attended other non-public schools (3%).
- 22,215 children in grades 6-12 participated in alternative education programs.³⁴

Special Education Students

In Indiana all eligible students with disabilities are entitled to a free, appropriate public education in the least restrictive environment. The Indiana Department of Education identified the following exceptionalities: autism spectrum and communication disorder, deaf-blindness, developmental delay, emotional disability, hearing or visual impairment, learning disability, mental disability, multiple disabilities, traumatic brain injury, or orthopedic or other health impairment.³⁵

- The most common disabilities among special education students were learning disability (34.1%), communication disorder (28.5%), and mental disability (11.5%).
- 158,571 children received special education services in SY 2008.
- 63.2% of those children were taught in a regular classroom, 18.3% in a resource room, and 13.1% in a separate classroom. Additionally, 5.4% were taught in special facilities or placed in private schools by parents.³⁶

High Ability Students

According to Indiana's education code, a "high ability student" is one who performs at, or shows the potential for performing at, an outstanding level of accomplishment in at least one domain when compared to other students of the same age, experience, or environment, and is characterized by exceptional gifts, talents, motivation, or interests.³⁷ In 2007, Indiana State Legislation (SB408) changed the name of this program from "gifted and talented" to "high ability."³⁸

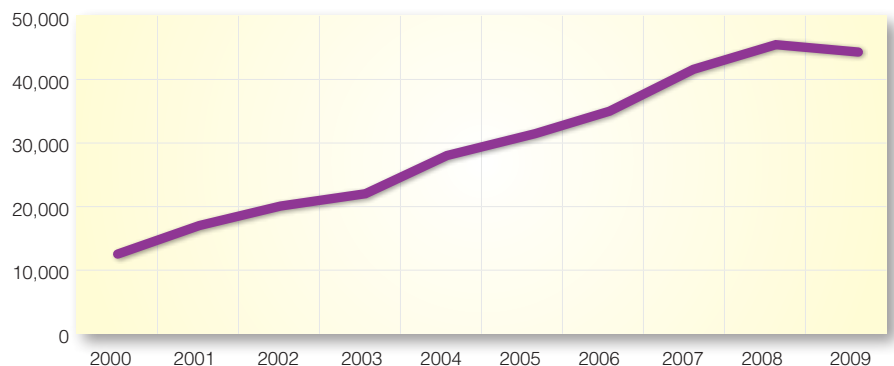
135,363 students were identified as high ability and taught in SY 2010, compared to 130,731 students identified and taught in SY 2009.³⁹

Limited English Proficiency (LEP) Students

Students with Limited English Proficiency (LEP), also referred to as English Language Learners (ELL), are students with a primary language other than English who have a limited range of English speaking, reading, writing, or listening skills. This classification also includes students identified and determined by their school as having limited English proficiency and a language other than English spoken in the home.⁴⁰

- The number of Limited English Proficiency students in Indiana increased 167% from SY 2001 to SY 2009.
- Spanish speaking students represent almost 80% of the LEP student population, followed by German (Amish) at 2.7% and Arabic at 1.5%.
- Over 200 languages other than English are spoken by LEP students in the state of Indiana.⁴¹

Number of Limited English Proficiency Students in Public Schools by School Year, Indiana: 2000-2009



Source: Indiana Department of Education

School Funding and Expenditures

Beginning in 2009, changes to Indiana's property tax system shifted the funding stream for school operating costs from the local level to the state level, and those costs were funded in part by a 1% increase in sales tax.⁴² Expenditures by schools are composed of student instructional expenditures (such as teacher salaries, textbooks, and curriculum development) as well as non-instructional expenditures (such as transportation, maintenance, food service, and school debt).⁴³

- The state average total per pupil expenditure (including non-instructional expenditures) in SY 2008 for public schools was \$11,366.⁴⁴
- The three-year average expenditure per pupil in public schools was \$10,396 from 2006 to 2008.⁴⁵

Student Achievement

Indiana children take standardized tests throughout their educational careers, including: the Indiana Statewide Testing for Educational Progress-Plus (ISTEP+) during grades 3-8 and the National Assessment for Educational Progress (NAEP) during grades 4, 8 and 12. Beginning with students in the class of 2012, the GQE (Graduation Qualifying Exam) testing will transition to End of Course Exams and will occur after a student has completed Algebra 1 and English 10.⁴⁶

State Testing

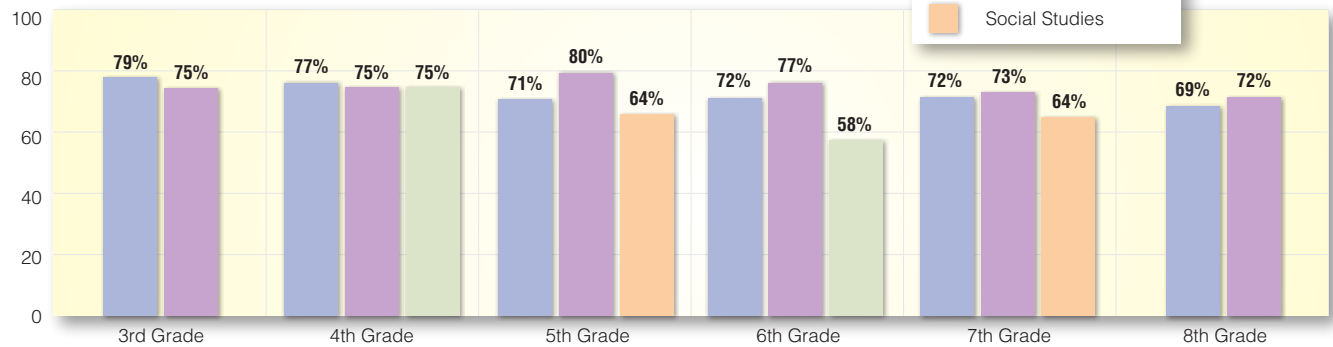
Beginning in SY 2010, ISTEP+ will occur only in the spring.⁴⁷ Students in grades 3-8 are tested in English/Language Arts and Mathematics, while those in 5th and 7th grade receive an additional section in Social Studies and 4th and 6th graders receive an additional section in Science.⁴⁸

- For the 2010 ISTEP+ testing, an average of: 74% of students passed English/Language Arts, 76% passed Mathematics, 67% passed Science, and a 65% median pass rate for Social Studies
- Scores improved from the 2009 ISTEP+ testing with an average of: 70% of students passed English/Language Arts, 71% passed Mathematics, 62% passed Science, and 59% passed Social Studies.⁴⁹

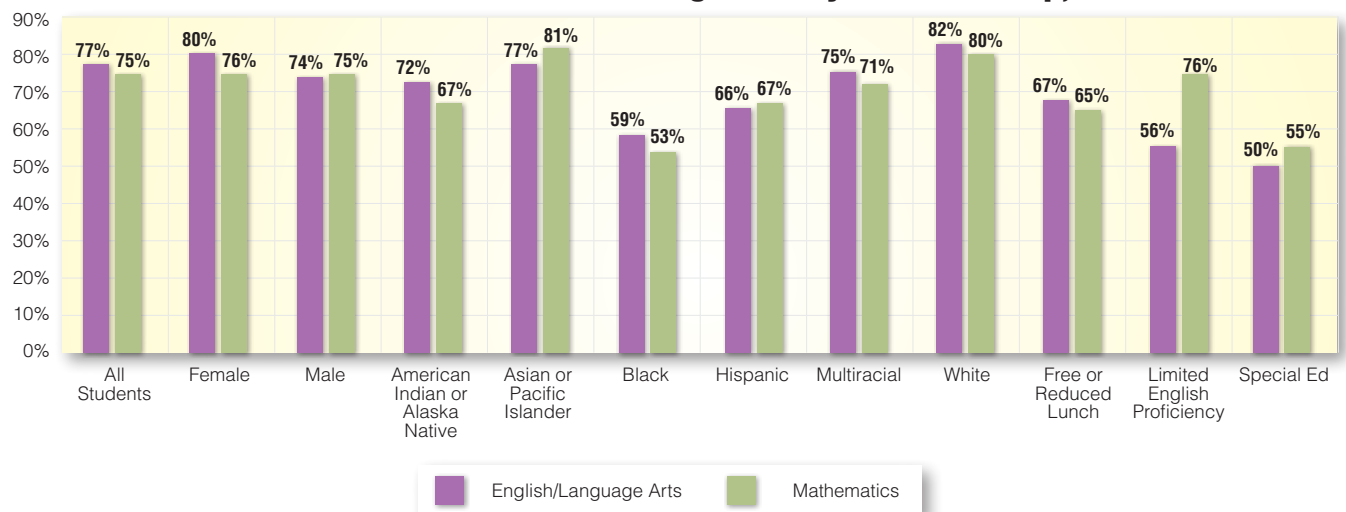


State Testing continued

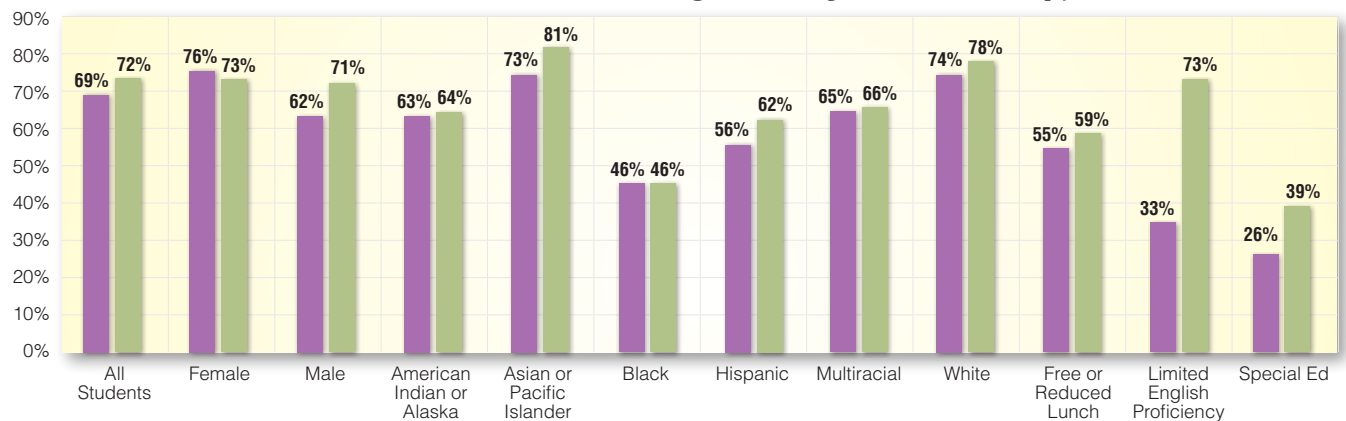
Average Percentage of Students Passing ISTEP+ Subjects by Grade, Indiana: 2010



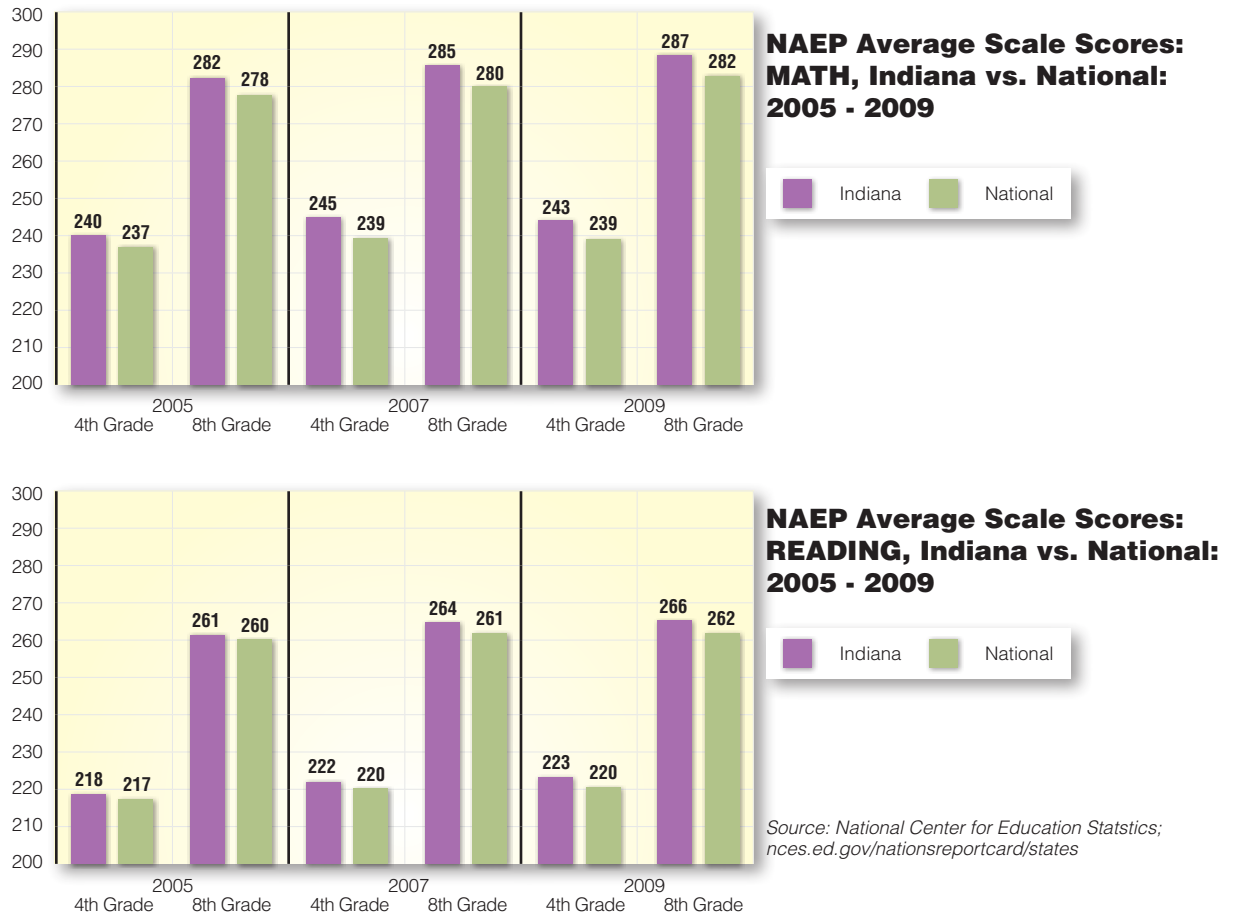
Public School 4th Grade ISTEP+ Passing Rates by Student Group, Indiana: 2010



Public School 8th Grade ISTEP+ Passing Rates by Student Group, Indiana: 2010



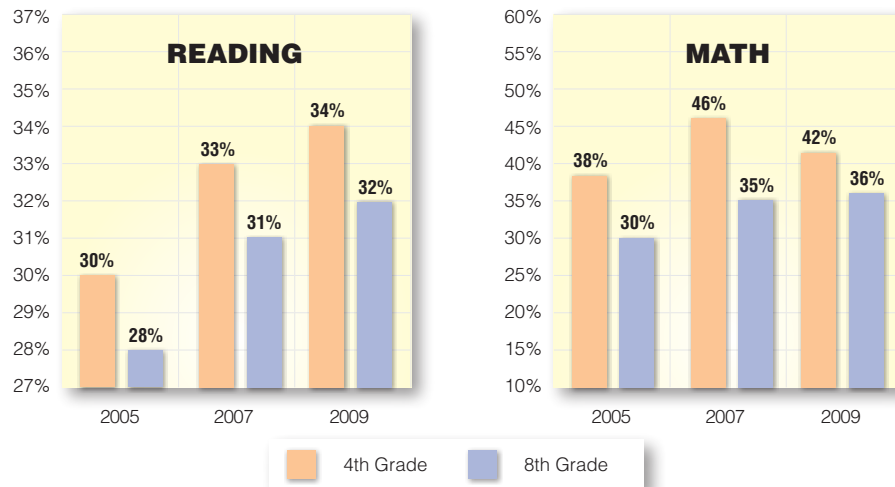
Source: Indiana Department of Education, <http://www.doe.in.gov/assessment/2010/>



National Testing

In addition to state testing, public school students in grades 4, 8, and 12 take the National Assessment of Education Progress (NAEP) exam every two years, which allows comparison of reading and mathematics results with the rest of the nation's students. NAEP considers students proficient once they have demonstrated competency in understanding challenging subject matter, application of such knowledge to real-world situations, and analytical skills appropriate to the subject matter.⁵⁰ Indiana's average scores are similar or slightly higher than the national average,⁵¹ but reading scores have remained stagnant in the past 15 years.⁵²

Percent of Students Scoring At or Above Proficiency on NAEP Testing, Indiana: 2005-2009



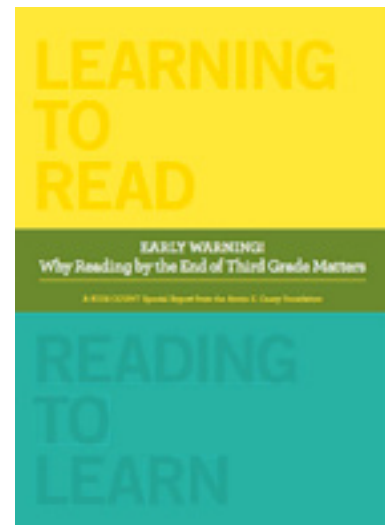
Source: National Center for Education Statistics; nces.ed.gov/nationsreportcard/states

Third Grade Reading

A major indicator of future life success is the ability to read proficiently by third grade. Students who are not able to read before entering fourth grade are more likely to drop out of high school, be unemployed, be unqualified for military service and live in poverty.⁵³ As the NAEP tests show, only 34% of Indiana's public school fourth graders scored "at" or "above" proficient on the national reading exam. Among African American and Hispanic students in Indiana, only 15% earned "at" or "above" proficient status.⁵⁴

End of Course Exams

"End-of-course" testing is a growing trend due to perceived benefits of accurately measuring grade-level expectation. As of SY 2010, 18 states administered one or more end-of-course exams, with Indiana considered as an exemplar of this process.⁵⁵ For SY 2010, 61% of student tested passed the Algebra 1 end-of-course exam, 63% passed the English 10 end-of-course exam, and 37% passed the Biology 1 end-of-course exam.⁵⁶



Graduation

A recent report shows that feeling connected to school has a strong relationship to educational outcomes, including attendance, staying in school, and higher grades and test scores.⁵⁷ The recent Indiana High School Survey of Student Engagement showed that only 2% of students reported never being bored in school, and students who consider dropping out continue to

cite a lack of engagement in school as a reason.⁵⁸ In SY 2006, legislation changed how graduation rates are calculated

to reflect the graduation of those students who enter as freshman and then graduate four years later. Public school graduation rates continue to vary considerably across school corporations and demographic categories. Students from low-income families, as well as Black, Hispanic, and Limited English Proficient students are significantly less likely to graduate than their peers.⁵⁹

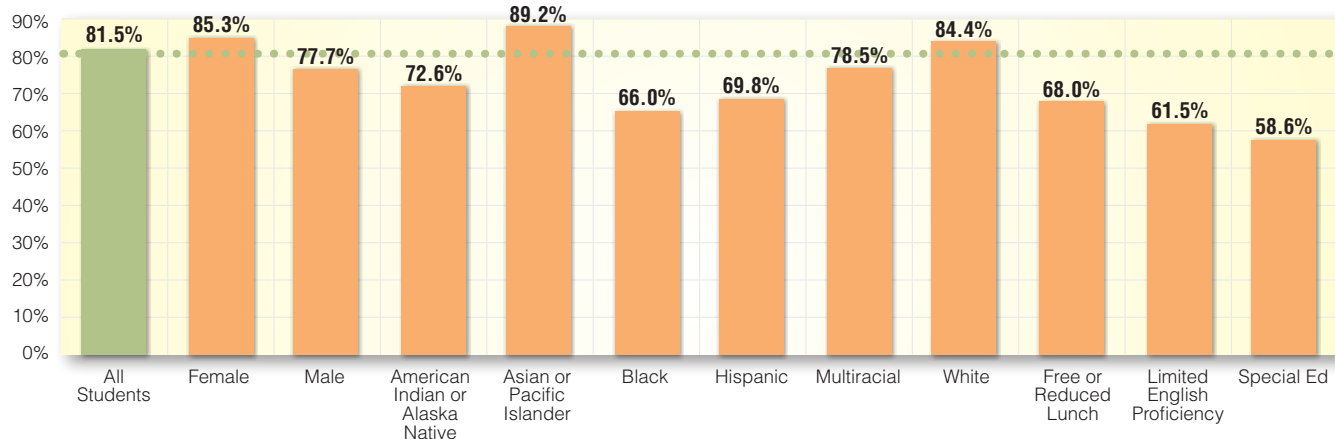
General Equivalency Diplomas (GED's) are often seen as an alternative to earning a high school diploma, but a recent study found that improved labor market outcomes are minimal in terms of future earning potential, and few individuals use the degree to obtain post-secondary credentials. Research also suggests the GED's ready availability and low-cost may actually encourage some students to drop out of school.⁶⁰

Public School Student Graduation Outcomes, Indiana: SY 2006-2009

School Year	Graduate in 4 yrs	Dropped Out/Undetermined	GED	Special Ed Certificate	Course Completion	Still in School
2009	81.5%	8.7%	1.1%	1.1%	0.4%	7.2%
2008	77.8%	10.3%	1.6%	1.2%	0.6%	8.4%
2007	76.4%	12.0%	2.7%	1.0%	0.6%	7.3%
2006	76.1%	11.4%	3.3%	1.1%	0.7%	7.5%

Source: Indiana Department of Education. Note: Due to rounding, totals may not equal 100%

Public School Graduation Rate by Student Group, Indiana: SY 2009



Source: Indiana Department of Education

Mentoring

Youth who receive mentoring attend school more regularly, have better attitudes and behaviors at school, and are more likely to pursue post-secondary education.⁶¹ A national study indicates that youth involved in formal, high-quality relationships with adult mentors skip half as many days of school as their peers.⁶² The need for mentoring is great; only 14% of youth who need, or want, mentoring actually participate in a formal program.⁶³

Post High School Graduation Intentions

Surveys of Indiana's public high school graduates are conducted in order to better understand their post high school graduation plans. At the end of SY 2008:

- Over half (59.6%) of 2008 graduates from Indiana public high schools planned to pursue a 4-year college or university degree;
- 16.6% planned to attend a 2-year college;
- 7.2% planned to enroll in vocational or technical training;
- 2.8% planned to join the military.⁶⁴

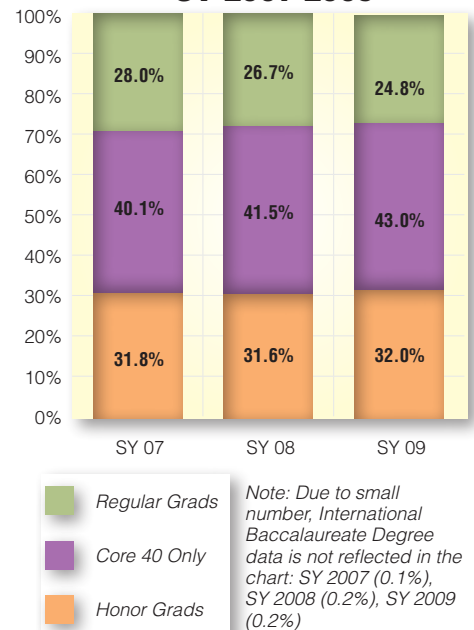
College and Workplace Readiness

Statistics show that the more education or training a student obtains, the higher his/her earning potential is in the job market.⁶⁵ In Indiana, earning a high school diploma may increase annual income by nearly \$8,000, while a bachelor's degree adds another \$16,000 on top of that.⁶⁶ Indiana schools offer several programs designed to move students toward college or workplace readiness.

College Preparation

A majority (68%) of Indiana 11th grade students believe they know how to prepare themselves for college.⁶⁷ Indiana high schools offer four tracks for earning a diploma, all of which contain Core 40, the minimum college-prep curriculum.⁶⁸

Type of High School Degree Awarded (Public and Non-Public Students), Indiana: SY 2007-2009



Source: Indiana Department of Education

Advanced Placement (AP) Courses

Research shows that a score of 3 or higher on an Advanced Placement (AP) test is an accurate predictor of college success and graduation. AP courses are modeled on comparable college courses, and college and university faculty play a vital role in ensuring that AP courses align with college-level standards.⁶⁹ More students are taking exams each year, yet Hoosier students participate in AP testing less than the national average.

- 20.7% of the graduating class of 2009 took at least one AP exam during high school, compared to 26.5% nationally. Both are increases over 2008 (19.8% Indiana, 25.0% nationally).
- In 2009, 10.4% of students (roughly half of those who took the exam) earned a 3 or higher on at least one AP Exam during high school. As the number of students taking the test has increased, so has the percentage of students earning a 3 or above, up from 8.0% in 2004 and 10.0% in 2008.⁷⁰

While a gap persists between the number of Indiana minority students who participate in the AP testing and the overall minority population, the percentage of minority students participating in AP exams is increasing. In addition, the participation and success of low-income students is increasing.⁷¹

Percent of Students in the AP Examinee Population by Group, Indiana: 2004-2009

Population Group	2004	2008	2009
Black or African American	3.8	4.0	4.8
Hispanic or Latino	2.1	3.1	3.3
American Indian or Alaskan Native	0.2	0.3	0.3
Asian, Asian American, or Pacific Islander	3.6	4.0	3.7
White	87.5	85.6	83.7
Low Income	2.2	5.2	7.0

Source: College Board

Percentage of Students Who Earned a 3 or Higher on One or More AP Exam During High School by Subject Area, Indiana vs. U.S.: 2009

Subject Area	Indiana	U.S.
All	10.4	15.9
Art	0.7	1.1
English	5.2	7.4
Language	0.5	2.5
Math	4.4	5.7
Science	3.0	4.5
Social Studies	4.4	9.0

Source: College Board, www.collegeboard.com/html/aprtn/pdf/state_reports/AP_State_report_IN.pdf

Dual-Credit Courses

Dual-credit courses allow students to earn both high school and college credit simultaneously, and are offered by colleges in multiple settings, including on campus, in high schools and online. Indiana high schools are required to offer at least two dual-credit courses.⁷² AP courses are not considered dual-credit since they are not offered by a college and do not automatically result in college credit. In SY 2009, 8,984 Hoosier students were enrolled in dual-credit courses.⁷³

SAT® and ACT®

The Scholastic Aptitude Test (SAT) is widely used by colleges and universities for admission and enrollment purposes, and tests students' knowledge of subjects necessary for college success: reading, writing, and mathematics.⁷⁴ The ACT test assesses high school students' general educational development and their ability to complete college-level work. The four skill areas covered are: English, mathematics, reading, and science, and an optional writing test.⁷⁵

- The percentage of public school 12th grade students who take the SAT each year has decreased from 54% in SY 2007 to 49% in SY 2009.
- Indiana's average SAT score (not including writing) for public and non-public schools in 2009 was 1,003 compared to the national average of 1,016.⁷⁶
- 18,787 Hoosier graduates of the class of 2010 took the ACT.
- More students continue to take the ACT and Indiana continues to increase performance, which continues to be higher than the national average.
- In 2010 Indiana's average composite score for the ACT was 22.3, compared to 21.0 nationally.⁷⁷

College Access

First Generation College Students

First generation college students may have different outcomes than those from families with adult members who attended college.

- 26% of Hoosier 9th and 11th graders reported that no one in their household attended college.
- 49% of 11th grade potential "first generation" students expect to attend a four-year college right after high school, while 71% of non-first generation students expect to attend right after high school.
- A higher percentage of potential "first generation" students expect to attend a two-year or technical school (19%) than non-first generation students (11%).⁷⁸

Average Annual College Costs, U.S.: 2010

College Costs

The cost of college may be perceived as a barrier to many students who might otherwise pursue a post-secondary education. Of Indiana's 11th graders, 51% say they do not believe they can afford college and 66% report needing information about financial aid.⁷⁹

	Private Not-for-Profit Four-Year	Public Four-Year In-State	Public Four-Year Out-of-State	Public Two-Year	For-Profit
Published 2009-10 Tuition and Fees	\$26,273	\$7,020	\$18,548	\$2,544	\$14,174
One-Year Dollar Increase	\$1,096	\$429	\$1,088	\$172	\$859
One-Year Percentage Increase	4.4%	6.5%	6.2%	7.3%	6.5%
Estimated Average Grant Aid and Tax Benefits per Student	\$14,400	\$5,400		\$3,000	NA

Source: College Board, <http://www.collegeboard.com/press/releases/208962.html>

Career Exploration

Whether obtaining a job directly after high school or pursuing a college education, students may find career exploration an important and valuable process. Indiana's academic standards include a focus on career development including career awareness (self-knowledge, career exploration, and career planning), preparation for career options, and the relationship of careers to academics and life.⁸⁰

- In a 2010 study of Hoosier students, more than one-quarter (27%) of 9th grade students said they did not know how and where to find information on careers.
- A similar percentage (28%) of 11th grade students said they did not know where to find such resources.
- Less than one-third (31%) of 11th grade respondents visited or job shadowed someone who works in a career that interests them, and only 18% have a resume.⁸¹

Career Preparation

Jobs for America's Graduates (JAG) is a school-to-career program implemented in 700 high schools, alternative schools, community colleges, and middle schools across the country. JAG's mission is to keep young people in school through graduation and provide work-based learning experiences that will lead to career advancement opportunities, or enrollment in a post-secondary institution that leads to a rewarding career.⁸²

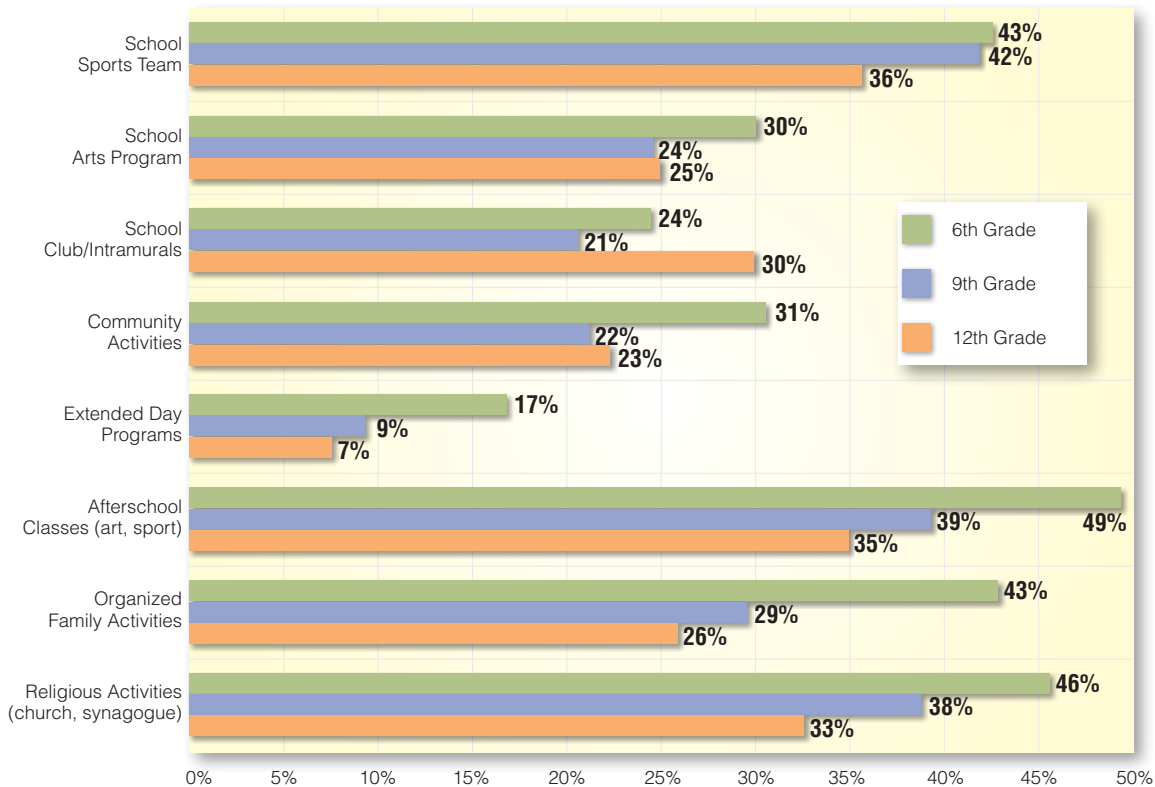


- During SY 2010, 42 Indiana schools participated in JAG, up from 31 schools in SY 2009.
- 1,473 students participated during school in 2010, up from 895 students in SY 2009. An additional 396 students had out-of-school follow-up compared to 267 in SY 2008.
- Even with more students, the JAG program increased participants' graduation rates after the year of follow-up, with 87% of students graduating compared to 84% in 2009.
- Over half (56%) of JAG students from the last year attended some other post-secondary education or training program after graduating.⁸³

Out-of-School Time

Time spent outside of school can be just as important for childhood development as the time spent in school. Studies show that some children spend as many as 25 hours per week alone while their parents work.⁸⁴ Research shows that teen participation in extracurricular activities is related to positive adjustment, better academic performance, and successful completion of school.⁸⁵

Frequent* Participation in Various Afterschool Activities by Grade, Indiana: 2010



Afterschool and Youth-Development Programs

A recent survey showed afterschool programs are serving a high-need population, but are struggling to maintain their funding. The Afterschool Alliance survey showed that 69% of programs report their funding is less than secure for the next 1 to 2 years, and 83% report funding is not secure for the next 3 to 5 years.⁸⁶ Despite funding issues, research shows many potential benefits of afterschool programs. A review of the research suggests that quality afterschool programs improve school attendance, engagement in learning, test scores and grades. Frequency of attendance was shown to improve these benefits, and high-risk youth experience the best results from after school programs.⁸⁷

An estimated 24% of Indiana's school-age children are unsupervised after school.⁸⁸ The Indiana Prevention Resource Center conducts an annual study of student behavior outside of school. While the survey gives an insight into alcohol, tobacco, and other drug (ATOD) use, the study also provides out-of-school-time figures. Results show that 6th graders tend to be more involved with afterschool activities than 9th and 12th graders.⁸⁹

Many programs provide afterschool opportunities for youth. 21st Century Community Learning Centers (CCLC) is a federal program that provides grants to schools to support the expansion of afterschool educational opportunities.⁹⁰

Source: Indiana Prevention Resource Center, Indiana Survey 2010

* Frequent is defined as those students who marked "often" or "a lot"

Community-Based Activities and Working

Volunteering can be an important part of youth development. In a national study of volunteering by youth ages 12-18, 39% of teenagers were regular volunteers (compared to 55% of adults volunteering). The study also found that teens are more likely to volunteer if their parents volunteer, they attend religious services regularly, and are in high school (as compared to middle school students).⁹² For program year 2009-2010 in Indiana, there were 8,518 available participant positions for students in Learn and Serve America, a service-learning program that helps K-12 students meet community needs while improving their academic skills and learning good citizenship habits.⁹³

Adolescents may also spend their time out-of-school working, an activity that may influence their academic achievement. A substantial number of studies have demonstrated a negative relationship between working more than 20 hours per week and adolescents' academic achievement. Negative outcomes include lower levels of school engagement, academic achievement, and educational attainment.⁹⁴ However, adolescents' employment during the summer months seems to have different implications for their achievement, with one study finding no relationship between adolescents' summer employment and their GPA.⁹⁵

Research shows that teenagers (ages 16-19) are especially vulnerable to joblessness, and minority youth are at even greater risk.⁹⁶

- While roughly two out of every five teenagers (42.3%) were working in 2009, the percent of idle teens (those aged 16-19 not enrolled in school and not in the labor force) increased in Indiana from 4.7% in 2008 to 5.3% in 2009.
- This rate varies by race with White, Non-Hispanic teenagers at 4.7%, Hispanic teenagers at 9.3% and Black teenagers at 7.7% in 2009.⁹⁷

Today's youth also face a different employment future because of the current economic challenges. College graduates of 2010 are entering the labor market during a time of high unemployment. Unemployment rates for both college graduates and non-graduates younger than 25 are nearly double their pre-recession levels. Estimates show that since the beginning of the recession an additional 1.2 million 16-24 year olds have become disconnected from both work and school.⁹⁸

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Safety

From risky personal behavior to threats posed by their environment or other people around them, children face a variety of safety risks, and childhood safety is an important gauge of overall well-being. Child abuse and neglect continue to increase, as well as child deaths due to abuse or neglect. While Court Appointed Special Advocate (CASA) volunteers continue to serve many Hoosier children in need, the waiting list for a CASA continues to grow. Fewer males were committed to the Department of Correction in the last year, while the number of females increased. The following section provides an overview of the various safety issues faced by Hoosier children.

Child Abuse and Neglect

Abused and neglected children are more likely than their peers to struggle physically, emotionally, socially, cognitively, and behaviorally. While the cost of child maltreatment is borne by families and by society, it is the children who suffer its consequences the most. Although the national financial cost associated with child abuse and neglect was an estimated \$103.8 billion in 2007, the lifelong cost to children who experience maltreatment is incalculable.¹

Prevention efforts

One of the primary prevention programs in Indiana is Healthy Families Indiana (HFI), which seeks to strengthen families and reduce the incidences of child maltreatment and health problems through parent education and connecting families to related services. HFI works closely with hospital maternity wards, prenatal clinics, and other local agencies to identify families who could benefit from education and support services. The program provides voluntary home visiting services to families throughout Indiana.²

- In State Fiscal Year (SFY) 2010, 22,865 families received HFI visiting services, down from 25,090 in SFY 2009.
- Funding for HFI was \$34.4 million in 2010 compared to \$41.7 million in 2009.

Of those enrolled in Healthy Families in SFY 2010:

- 21.5% were parents under the age of 20.
- 80.3% of children were up to date on well child visits.
- 67.9% of families had at least one employed parent.³



The Kids First Trust Fund (KFTF) is an initiative within the state's Department of Child Services (DCS) whose mission is to promote the health of children and reduce infant mortality by funding programs that prevent child abuse and neglect.⁴ It was established in 1994 by the Indiana General Assembly to receive donations through the purchase of "Kids First" license plates.⁵ The fund provides financial support for two programs focused on these goals: Villages/Prevent Child Abuse Indiana (PCAI) and Community Partners for Child Safety (CPCS).

In SFY 2009, \$1,353,000 in Kids First Trust Fund dollars was awarded in contracts, the same as the previous year.⁶

Reporting of Suspected Child Abuse and Neglect

Indiana has a mandatory reporting law requiring any individual who has reason to believe that a child is a victim of abuse or neglect to make a report.⁷

Types of Child Maltreatment

There are two main categories of child maltreatment: abuse and neglect. Further distinctions within the category of abuse are sexual abuse and physical abuse. DCS will assess allegations of abuse or neglect if those allegations are deemed legally sufficient as set forth in state statute. The allegations are substantiated if, based on the evidence, the allegations are true. When referencing Indiana's data it is important to note that a child is counted in only one category per investigation using the Federal hierarchy of sexual abuse, physical abuse, then neglect.⁸

Child abuse and neglect increased from 2008. According to the data:

- Of all allegations of sexual abuse, physical abuse, and neglect, 21.5% were substantiated (24,754 cases out of 114,907 investigations) in Indiana during SFY 2009.⁹
- This compares to 22.3% nationally in FFY 2008 (approximately 772,000 substantiated cases out of 3.3 million reported).¹⁰

Investigations and Substantiated Cases of Abuse and Neglect, Indiana: 2009

Abuse Type	Investigations	Substantiated Cases	Percent of Investigations Substantiated
Sexual Abuse	14,195	4,201	29.6%
Physical Abuse	17,446	2,852	16.4%
Neglect	83,266	17,701	21.3%

Source: Indiana Department of Child Services, Demographic Trend Report

Top Seven Sources of Substantiated Reports of Abuse and Neglect

1. Law Enforcement

2. School Personnel

3. Hospital/Clinic

4. Parent/Guardian

5. Public Social Agency

6. Relative

7. Anonymous

Source: Indiana Department of Child Services

To report child abuse or neglect, call 1(800) 800-5556.

What will I need to provide when making a report?

If you call to make a report, an Intake Specialist will ask you for information about the circumstances creating a risk of harm to the child including who was involved, what occurred, when and where it occurred, the extent of any injuries sustained, and any other relevant information.

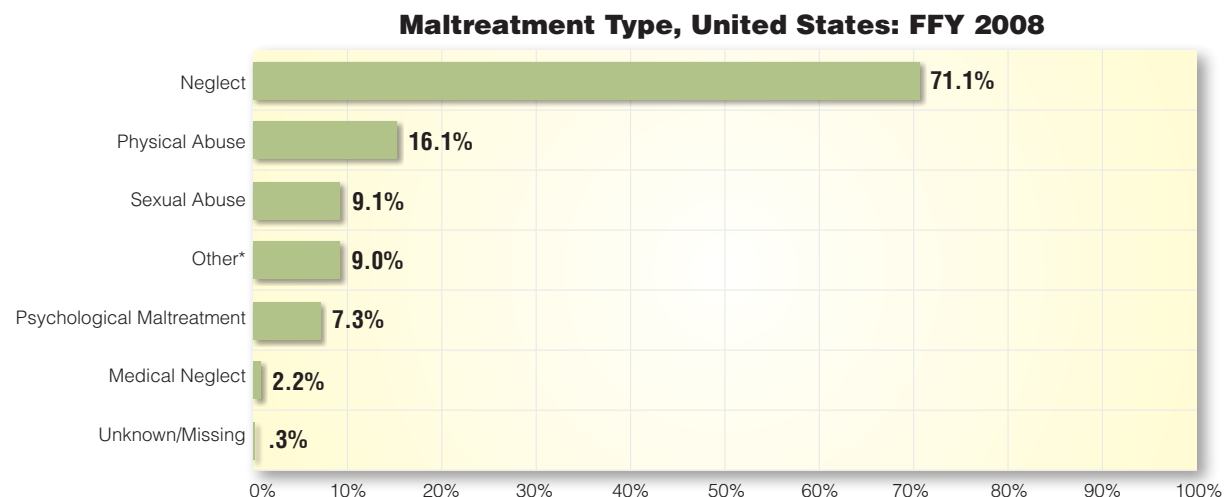
When you contact the Hotline, Intake Specialists will ask you for information about the parties involved (victim, parent(s)/guardian(s), perpetrator) and the specific allegations giving rise to the call. Information you will be asked to provide may include: Information about the Child, Parent/Guardian, alleged perpetrator information, and the allegation details.

Even if you are unable to provide all of the information above, please contact the Hotline to make a report if you suspect a child is a victim of abuse or neglect. An Intake Specialist will review the information you are able to provide to determine whether it meets the statutory requirements for DCS to initiate an assessment. Please do not wait for someone else to make the call – your call may be the critical first step in protecting a child.

Source: Indiana Department of Child Services, <http://www.in.gov/dcs/2971.htm>

When considering all substantiated cases of maltreatment, neglect is shown to be the most common type of child maltreatment in Indiana and nationally.

- In Indiana, almost three-quarters (71.5%) of all substantiated cases in SFY 2009 were neglect. Sexual abuse cases comprised 17.0% of Indiana's substantiated cases, and physical abuse made up 11.5% of substantiated cases.¹¹
- National numbers are not directly comparable to Indiana's because additional categories of abuse are tracked. However, neglect still accounts for the greatest number of substantiated cases, accounting for 71.1% of maltreatment cases nationally.¹²



Source: U.S. Department of Health and Human Services, Administration for Children and Families, Child Maltreatment 2008.

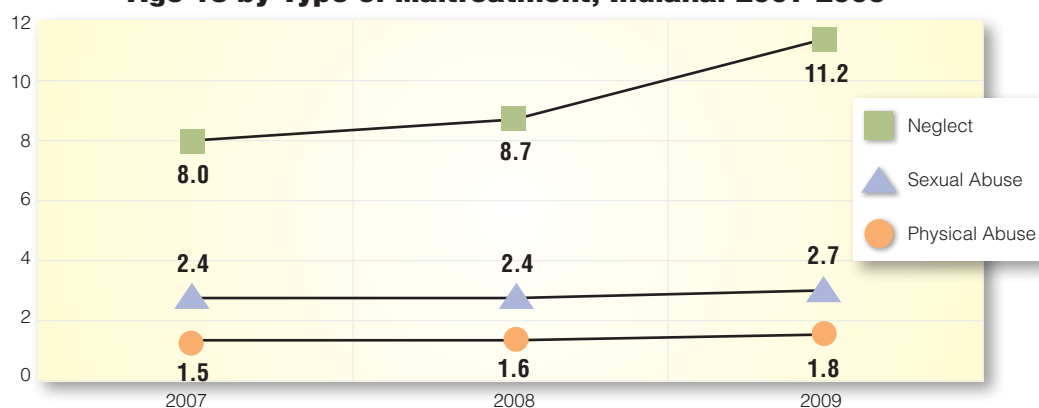
Note: Percentages may not add up to 100% as a child's maltreatment may fall into multiple categories

Child Abuse and Neglect Rate

The child abuse and neglect (CAN) rate reflects the frequency of children in need of services (CHINS) as defined in Indiana Code (IC 31-9-2-14).¹³ This rate is calculated by determining the ratio of CHINS to the child population and applying it to 1,000 children.

- In SFY 2009, the CAN rate in Indiana increased to 15.6 per 1,000 children, up from 12.6 per 1,000 in SFY 2008.¹⁴
- The national CAN rate dropped to 10.3 per 1,000 children for FFY 2008, down from 10.6 per 1,000 in FFY 2007. According to the national report, this decrease seen at the national level can partially be attributed to several factors, including the increase in children who received an unsubstantiated disposition, and the increase in the number of children who received an alternative Child Protective Services response.¹⁵

Substantiated Abuse and Neglect Rate per 1,000 Children under Age 18 by Type of Maltreatment, Indiana: 2007-2009



Source: Indiana Department of Child Services, 2009 Demographic Trend Report

Victim Characteristics

Age, race, and sex may place children at different risks for abuse and neglect.

- Nationally, children under the age of 4 were more likely to be the victims of neglect (32.6% of all victims of maltreatment) than any other age group. Roughly one-quarter (23.6%) of identified children ages 4-7 are victims of neglect, and 18.9% of those ages 8-11.
- African American children, American Indian or Alaska Native children, and children of multiple races had the highest rates of victimization at the national level.
- Nationally, victimization rates were similar between boys and girls; 48.3% of victims were boys and 51.3% girls.¹⁶

Top Three Maltreatment Types per Category by Age Group Most Affected, Indiana: 2009

Sexual Abuse	Highest Incidence
1. Child Molesting	7-12
2. Sexual Misconduct with a Minor	13 +
3. Incest	13 +
Physical Abuse	Highest Incidence
1. Inappropriate Discipline	7-12
2. Bruises/Cuts/Welts	7-12
3. Burns/Scalds	0-3
Neglect	Highest Incidence
1. Environmental Life/Health Endangering	7-12
2. Lack of Supervision	7-12
3. Lack of Food, Shelter, and Clothing	7-12

Source: Indiana Department of Child Services, 2009 Demographic Trend Report

Perpetrator Characteristics

Parents are the most likely perpetrators of substantiated maltreatment, followed by those with no relationship with the child, the boyfriend of parent, and the stepfather. The perpetrator also varies by abuse type.

- Parents were the perpetrators in a majority of all substantiated cases of neglect in Indiana during SFY 2009.¹⁷
- These rates reflect national trends, which find 81.2% of perpetrators to be the parent, with 38.3% the mother acting alone, 18.1% the father acting alone, 17.9% both parents, 6.0% the mother and another person, and 0.9% the father and another person.¹⁸

Parental Perpetrators in Abuse and Neglect Cases, Indiana: 2009

Perpetrator Relationship to Victim	Sexual Abuse	Physical Abuse	Neglect
Mother	29	1,061	14,330
Father	325	1,013	7,301

Source: Indiana Department of Child Services, 2009 Demographic Trend Report

Perpetrator by Maltreatment Types and Relationship to the Victim, United States: 2008

	Medical Neglect	Multiple Maltreatments	Neglect	Other	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Unknown
Parent	1.0%	13.7%	65.8%	3.8%	9.4%	3.9%	2.3%	0.1%
Child Daycare Provider	0.4%	5.1%	59.7%	0.9%	12.5%	0.1%	21.2%	0.1%
Foster Parent	1.2%	13.3%	59.9%	2.1%	14.3%	2.7%	6.4%	0.2%
Friends or Neighbors	0.1%	8.6%	18.1%	1.5%	10.9%	2.4%	58.3%	0.0%
Legal Guardians	1.8%	16.5%	62.2%	3.4%	10.7%	1.8%	3.5%	0.1%
Other	0.2%	11.8%	28.9%	3.0%	11.9%	3.2%	41.0%	0.1%
Other Professional	0.8%	2.7%	26.2%	6.8%	24.1%	3.3%	36.1%	0.0%
Other Relative	0.5%	10.4%	43.3%	2.4%	10.6%	1.9%	30.8%	0.1%
Residential Facility Staff	1.1%	23.0%	36.5%	13.0%	16.2%	2.2%	8.2%	n/a
Unmarried Partner of Parent	0.1%	12.3%	46.7%	7.3%	13.9%	5.9%	13.8%	n/a
Unknown/Missing	0.5%	16.9%	45.0%	8.2%	13.3%	3.2%	12.9%	0.1%
Total Perpetrators	0.9%	13.4%	61.1%	4.0%	10.0%	3.7%	6.8%	0.1%

Note: Each row or perpetrator type equal 100%

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Child Maltreatment 2008

Institutional Abuse and Neglect

Indiana also investigates allegations of abuse and neglect of children while they are in the care of a state agency in places such as group homes, foster care, hospitals, schools, and child care facilities.

- There were 305 substantiated cases of abuse or neglect in institutional settings in SFY 2009 in Indiana: 45.9% for neglect, 25.2% for physical abuse, and 28.9% for sexual abuse.
- Foster care homes accounted for the most physical abuse (28 substantiated cases) and neglect (47 substantiated cases) and sexual abuse (18 substantiated cases) in the state for SFY 2009.¹⁹

The top six institutions with substantiated cases were:	Percent
Foster Care Home	30.5%
Schools	17.4%
Child Caring Institution	15.4%
Day Care Home	9.2%
Correctional Institute/Facility	7.5%
Child Care Center	4.6%

Fatalities From Abuse or Neglect

During Federal Fiscal Year (FFY) 2008 an estimated 1,740 children died from abuse or neglect nationally, presenting a national child abuse and neglect death rate of 2.3 deaths per 100,000 children. National reports show an increase in fatalities, but some of the increase is partially due to more and better reporting, though not all causes of the increase are specifically identifiable.²⁰ The number of deaths due to abuse and neglect in Indiana have also increased.

In SFY 2008, 46 Hoosier children died as a result of maltreatment, an increase from SFY 2007 when 36 fatalities occurred. In 2008, 24 (52%) of the deaths were due to abuse and 22 (28%) to neglect.

- For Indiana deaths, abusive head trauma (including shaking and blunt force) accounted for 15 of the 24 abuse fatalities.
- The second leading cause of death was neglect, with 10 out of 22 neglect deaths due to vehicular issues (unrestrained passengers or reckless driving) and to asphyxiation (impaired parent or unsafe sleeping conditions).²¹
- Nationally, multiple types of maltreatment accounted for 39.7% of the deaths, while neglect was the cause in 31.9%. Physical abuse accounted for 22.9%, while the remaining deaths (5.5%) were caused by psychological maltreatment, medical neglect, or sexual abuse.²²

Death rates vary by age, but younger children have higher fatality numbers.

- In Indiana, children under the age of 4 comprised 71.7% of all fatalities; child victims under age 1 comprised 30.4% of the fatalities in SFY 2008.²³
- Nationally, children under the age of 4 accounted for 79.8% of all fatalities. Of these deaths in FFY 2008, 45.3% were infants under age 1.²⁴

Some of the children involved in fatalities were involved in a prior abuse or neglect case.

- In Indiana, 15 of 46 (32.6%) of abuse or neglect deaths occurred in a family with at least one prior CPS substantiated investigation, compared to 25.0% in SFY 2007.²⁵
- Nationally, 13.1% of child fatalities were children who had received CPS services in the past five years, up from 11.9% in FFY 2007.²⁶

Intervention Efforts

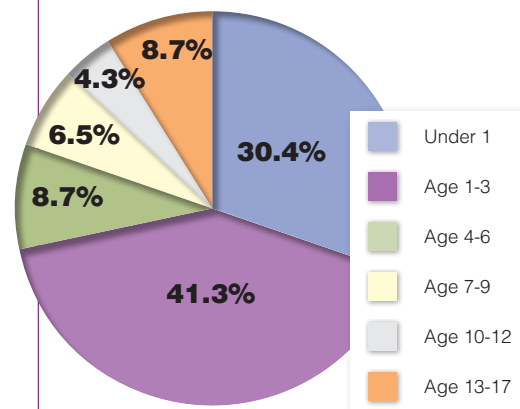
Intervention efforts in Indiana seek to first place a child into the least restrictive and most home-like environment. It is vital that children's best interests are assessed when abuse and/or neglect occurs to determine if the child can remain safely in the care of the parent, guardian, or custodian. When a child must be temporarily removed from the home while the caregivers and/or children receive services, the child is placed and intervention services are provided and overseen by an Indiana court with juvenile jurisdiction. Various placement options are available.²⁷

Guardian Ad Litem (GAL) or a Court Appointed Special Advocate (CASA)

An audit of the National CASA Association by the U.S. Department of Justice found that children with CASA volunteers are substantially less likely to spend time in long-term foster care (defined as more than 3 years in care).²⁸ Once a judge has determined a child to be a Child in Need of Services (CHINS) Indiana law requires a child advocate to be appointed to represent the child in all legal matters. Volunteer receive training by CASA organizations so that they can independently determine the child's best interests and make a recommendation to the court on the child's behalf.²⁹

- Children in 70 of Indiana's 92 counties were served by GAL/CASA programs in 2009.
- GAL/CASA volunteers provided services for 14,491 children in abuse or neglect cases, and also for 2,362 children in termination of parental rights cases during 2009.
- Volunteers donated 531,850 hours advocating for Indiana's children and saved the state of Indiana over \$26 billion in 2009.
- At the beginning of 2010, there were 4,544 children awaiting a volunteer.³⁰

Abuse and Neglect Deaths by Age Group, Indiana: 2008



Source: Indiana Department of Child Services

Placement Alternatives

Judges who order placement of children who cannot safely stay in their homes have multiple placement alternatives. One option is “kinship care,” which includes placement with a relative or placement with a non-relative who has a bond with the family. Children may also be placed in a licensed foster home, a group home or child-caring institution, or other court-approved facility. Approved caregivers can choose to become licensed in order to receive funding through the state. There are three types of licensed resource homes available: standard foster care homes, special needs foster care homes, and therapeutic foster care homes, which care for seriously emotionally disturbed or developmentally disabled children. Children may be placed in non-licensed homes if court approved.³¹

Recent research has shown that children placed in kinship care experience fewer placements and are more likely to achieve permanency through guardianship.³²

Foster Care

Indiana’s foster parents provide 24-hour temporary placement for children and youth who can no longer safely remain in their own homes due to the risk of abuse or neglect, or due to behaviors which may result in danger to themselves or others. When possible, a child is placed in close proximity to the child’s family, particularly when reunification with the family is the case-plan goal. The overarching goal is to provide substitute family life in a safe, stable, and nurturing environment. The state strives to place children in the least restrictive, most family-like setting that meets the child’s needs.³³ About one-third (37.0%) of CHINS were placed in a foster home in 2009.³⁴

Total CHINS and Percentage Assigned to Each Type of Placement, Indiana: 2005-2009

Placement Type	2005	2006	2007	2008	2009
Total CHINS	12,243	13,241	13,158	14,355	14,931
Own Home	22.7%	23.9%	24.4%	28.1%	29.8%
Relative Home	15.0%	13.8%	15.2%	17.8%	21.3%
Foster Home	44.2%	45.2%	44.2%	40.3%	37.0%
Residential Care	12.7%	12.3%	11.9%	10.5%	9.7%
Other	5.5%	4.7%	4.2%	3.2%	2.3%

Source: Indiana Department of Child Services, 2009 Demographic Trend Report

Case Closures

CHINS cases can be closed for a variety of reasons, including adoption, emancipation, or reunification with the family.

Adoption establishes a legally-recognized, lifelong relationship between a parent and child who are not related biologically. The adoptive parent becomes legally and morally responsible for the child's safety, education, health care, value and life skill development, as well as the day-to-day care of that child.³⁵ In SFY 2009, there were 1,574 cases closed due to adoption in the state, the highest number of adoptions in the past five years.³⁶

Children may be emancipated when they reach age 18 or receive a court-ordered emancipation. Studies have shown that children who "age out" of the system are more likely to have lower educational attainment, earn less, and be involved with the criminal justice system than peers who did not "age out."³⁷ There were 497 children who were emancipated in SFY 2009.³⁸

CHINS Case Closures by Type, Indiana: 2005-2009

Closure Reason	2005	2006	2007	2008	2009
Reunification	3,432	3,742	4,143	4,367	5,836
Adoption	989	1,097	1,226	1,449	1,574
Guardianship	350	393	469	529	644
Other	388	382	450	465	521
Emancipation	346	425	384	427	497
Relative	123	101	146	160	169
Transfer	63	56	45	59	63
N/A	18	16	13	14	6

Source: Indiana Department of Child Services, 2009 Demographic Trend Report

Victimization

Children react to exposure to violence in many ways, and many show resilience. However, children may undergo lasting physical, mental, and emotional harm, such as difficulties with attachment, anxiety and depression, and also develop and exhibit conduct and behavioral problems.³⁹

Children and adolescents are exposed to more violence, abuse, and crime than are adults.

- In a nationally representative sample, a majority (60.6%) of children and youth experienced at least one direct act of violence, or witnessed victimization.
- Types of victimization among children included: 46.3% of children in the study experienced physical assault in past year, 24.6% experienced a property offense, 10.2% child maltreatment, 6.1% sexual victimization, 25.3% witness to violence or other indirect victimization.⁴⁰

According to the National Crime Victimization Survey, overall victimization rates for violent crime declined with the victim age, showing that generally youth under 25 experience violent victimization at higher rates than those who are 25 and older.

- Persons ages 12-15 experienced simple assault at rates higher than persons age 20 or older and slightly higher than those ages 16-19.
- Rates are only available for those ages 12 and above, but are as follows: 36.8 per 1,000 people ages 12-15; 30.3 per 1,000 for ages 16-19; and 28.1 per 1,000 for ages 20-24.⁴¹

Bullying

Victimization can also include bullying, which can have negative health consequences on both bullies and their victims. Traditional forms of bullying include physical violence, verbal taunts, or social exclusions, while cyber bullying involved aggressive behaviors communicated over a computer or cell phone. Surveys show that cyber bullying targets are at higher risk of depression than the bully, while in traditional bullying, those who both bully and are bullied themselves report more feelings of depression.⁴²

Students can be bullied or threatened in a variety of ways, including the following:

- 6.5% of Hoosier high school students in 2009 had been threatened or injured at school with a weapon during the last year, a decrease from the 2007 survey which showed 9.6% of students had been threatened.
- 1 in 10 Hoosier high school students (9.5%) were in a physical fight on school property one or more times during the last year.
- 4.1% of Hoosier high school students did not go to school on one or more days in the past month due to feeling unsafe on their way to or from school.⁴³
- Nationally, 32% of students reported being bullied at school in 2007. Types of bullying include: being made fun of (21%), being the subject of rumors (18%), pushed, shoved, or spit on (11%), threatened with harm (6%), excluded on purpose (5%), and made to do things the student did not want to do (4%).⁴⁴

Domestic Violence

Domestic violence includes a wide range of behaviors from verbal abuse to physical violence. Examples might include one person attempting to take control over another by using acts of intimidation, threats, sexual assault, stalking, controlling money or bank accounts, and other violent or controlling behaviors. Children who witness violence between their parents are at high risk of carrying the violence to the next generation.⁴⁵

- During SFY 2009, 4,461 adults and 3,895 children in Indiana sought refuge in emergency domestic violence shelters. These numbers do not represent all domestic abuse victims, as some do not seek help from an emergency shelter.
- In SFY 2009, 55 people in Indiana died as a result of domestic violence; of these, one was a child under 18.⁴⁶
- According to the Youth Risk Behavior Survey, 12.1% of Indiana high school students reported that they had been purposely hit, slapped, or physically hurt by their boyfriends or girlfriends in 2009, an increase from the previous survey in 2007 when 11.6% were victimized.⁴⁷

Juvenile Justice

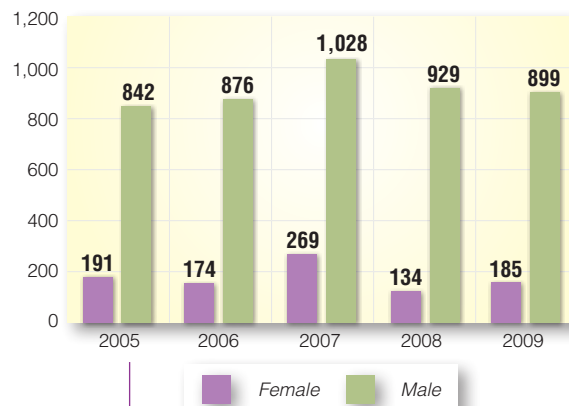
In Indiana, boys are more often committed to the Department of Corrections than girls by a ratio of almost 5 to 1. In

Calendar Year 2009, 1,084 children were committed to Indiana Department of Corrections facilities.⁴⁸

As of July 1, 2009:

- The total population in Indiana juvenile detention facilities was 952 youth in seven facilities (83.4% male, 16.6% female).
- The average per diem (cost to house for one day) per individual youth was \$173.
- Average current age of committed youth was 16.8 years old.
- 13.0% of juveniles committed had one or more drug offenses.
- In addition, there were 130 males and 15 females on parole.⁴⁹

Juveniles Committed to Indiana Department of Correction by Gender, Indiana: 2005-2009



Source: Indiana Department of Correction

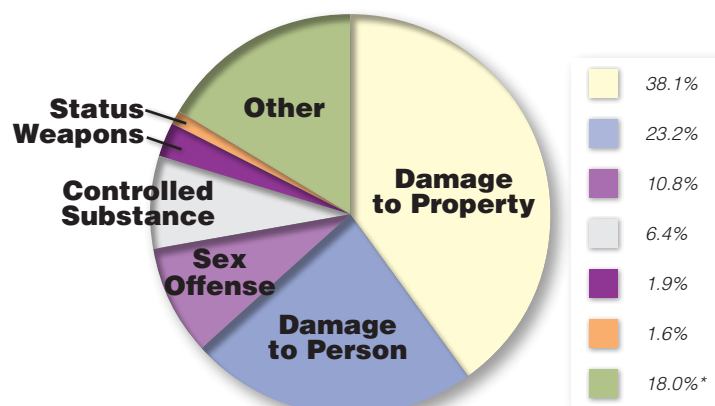
Recidivism

The Indiana Department of Corrections (IDOC) defines recidivism as a "return to incarceration within three years of the offender's date of release from a state correctional institution." An IDOC study found that as the level of education increases, the likelihood of employment increases, and as employment increases, the likelihood of recidivating decreases for adults.⁵⁰

In an IDOC study that followed offenders released in 2005:

- The rate of juvenile recidivism was 35.9%.
- Of 1,493 juvenile releases, 273 returned to a juvenile correctional institute, and 263 to an adult institution.
- Of those released in 2005, nearly twice as many males returned to the IDOC as females (39.6% to 21.3%, respectively).
- Recidivism rates varied slightly by race. Hispanic youth had the lowest level of recidivism (21.9%), followed by "Unidentified" race (33.3%), Caucasians (35.5%), and African American juvenile offenders (37.6%).
- Nearly 71% of juvenile recidivists returned to IDOC for the commission of a new crime, while 29% returned for technical violations of post-release supervision.
- Of those who returned, 17.8% returned within one year of release, 27.9% within two years of release and 35.9% within three years.⁵¹

Offenses for which Juveniles were Committed to DOC, Indiana: 2009



*Other includes resisting law enforcement, escape/failure to return, intimidation, disorderly conduct, and alcohol and vehicle related offenses

Source: Indiana Department of Correction, July 2009 Fact Card

Other Safety Risks

Many additional behaviors and circumstances place Indiana's children at risk and may hinder their healthy development.

Technology-Related Risks

According to Federal law, child sexual exploitation includes manufacturing and distributing child pornography, online inducement of children for sexual acts, sending obscene materials to children, and the use of misleading domain names, and other violations.⁵² Children's increasing knowledge of, and access to, the Internet and technology such as texting, results in a higher likelihood of viewing wanted or unwanted sexual material.

- 32% of teens have been contacted online by someone with no connection to them or any of their friends, and 7% of online teens say they have felt scared or uncomfortable as a result of contact by an online stranger.⁵³
- 20% of teens report "sexting" or sending sexually themed text messages, including pictures or statements.
- One study found that while only one in 10 teens has sent a nude or semi-nude picture of themselves, 17% have received such a picture, and 3% have forwarded one.⁵⁴



Motor Vehicle Safety

The adolescent brain is "wired" to take risks, but unfortunately some teen risk-taking can be life-threatening, such as speeding, drinking and driving, and texting while driving. Text messaging while driving increases the risk of being involved in a crash or near-crash more than 23 times.⁵⁵ Graduated driver licensing programs reduce the incidence of fatal crashes of 16-year-old drivers by an average of 11%.⁵⁶ Motor vehicle crashes are consistently the leading cause of teen death and one of the leading causes of non-fatal injury for youth ages 15-20.⁵⁷

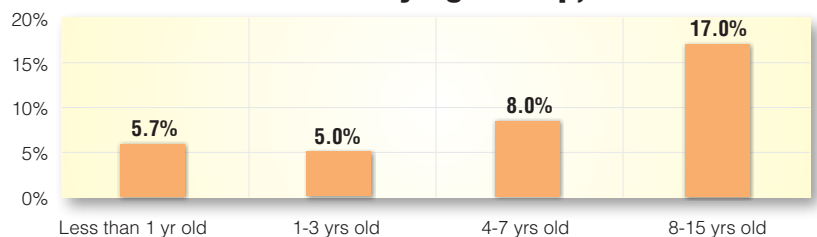
- The number of collisions in Indiana involving young drivers decreased from 2005 to 2009, with 51,522 collisions involving young drivers in 2005 to 43,727 in 2009.
- In 2009, youth ages 15-20 represented 6% of Indiana licensed drivers, but 17% of drivers involved in collisions.
- Young driver fatalities decreased 36% (from 75 to 48 deaths) from 2008.
- In 2009 in Indiana, young drivers with passengers were more than two times as likely as young drivers without passengers to be involved in a fatal collision.⁵⁸
- In 2009, more than 4,300 children (ages 0-15) were injured or killed in Indiana motor vehicle collisions.⁵⁹

Child Restraints and Seatbelt Use

Motor vehicle crashes are also the leading cause of death for children ages 3-14.⁶⁰ Research has shown that when used, lap/shoulder seat belts reduce the risk of fatal injury to front seat occupants (age 5 and older) in passenger cars by 45% and the risk of moderate-to-critical injury by 50%. Research also shows that when used properly, child safety seats can reduce the risk of injury by 71% for children less than 1 year old, and 54% for children between ages 1-4.⁶¹ Current Indiana child passenger restraint law requires all child occupants (ages 15 and younger) to be properly restrained.

- In Indiana, children ages 8 to 15 have the lowest rate of being restrained when involved in a collision, with only 83.0% being restrained.
- A majority of children involved in collisions are restrained, with 94.3% of those less than 1 year old, 95.0% of those 1-3, and 92.0% of those 4-7 being restrained.⁶²
- A majority (97.7%) of young drivers (ages 15-20) involved in a collision were wearing seatbelts.⁶³
- According to the 2009 Indiana Youth Risk Behavior Survey, 7.1% of Indiana high school students reported rarely or never wearing a seatbelt. This compares to 11.1% nationally.⁶⁴

Percentage of Children Involved in a Collision who were not Restrained by Age Group, Indiana: 2009



Source: Public Policy Institute, http://www.policyinstitute.iu.edu/PubsPDFs/Children_2008.pdf

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Frequently Asked Questions

Where do the data come from?

The Indiana Youth Institute (IYI) does not generate the statistical information contained in the Data Book. Most of the numbers are supplied by Indiana state agencies as well as federal agencies.

Are the numbers accurate?

IYI makes every effort to ensure the accuracy of the data. Data is collected directly from its source, and all data products are checked against these original sources. Always keep in mind that data definitions or the way the data is collected may change over time, so be sure to always read the source, definition, and notes for each indicator.

Why are some of the numbers so old?

This Data Book contains the most current information available at press time. State agencies, the sources for most of the data, must collect information from all 92 counties and compile it into a single data set for the state as a whole. IYI updates the online Kids Count Database when new information becomes available.

What do the rates, percentages, and percent change really mean?

To better understand what is being measured and how the information is presented, notice that some figures represent actual numbers while others are given as rates or percentages. Rates and percentages permit comparisons from one group or county to another, or for different years in the same group or county. "Percent change" indicates how much change has occurred between two points in time.

What are the limits of the data?

Numerical data provide important information, but they are just one type of information. Some of the numbers on the county level are so small that they are not statistically reliable, so use them with caution. The stories that go along with the numbers can also speak to the importance of an issue or program.



About the Indiana Youth Institute

Serving those who work with youth

Strong youth workers build brighter futures for Indiana's children. IYI offers free and low-cost assistance and resources to Indiana youth workers and their nonprofit organizations, helping them to be more efficient, effective and successful.

Established in 1988 with strong support from Lilly Endowment Inc., the Indiana Youth Institute now serves nearly 7,000 youth workers, teachers, youth ministers, counselors, community leaders and other children's advocates with programs that strengthen their ability to serve children and youth.

IYI Information

IYI Weekly Update a free electronic newsletter featuring relevant reports, free resources, training opportunities, grant tips and other useful information sent to nearly 7,000 youth workers each week.

IYI's Web Site www.iyi.org, an online source for new reports about children, data for grant proposals, employment resources for youth workers, information about IYI's programs and library materials, and links to other valuable sources of youth development information.

Virginia Beall Ball Library a free lending library of youth development and nonprofit management materials with easy online access at www.iyi.org.

Kids Count in Indiana Data Book and Kids Count Data Center free online data resources, including a searchable database of state, county and school district statistics on Indiana children and youth to support grant proposals, program initiatives and policy decisions, found at www.iyi.org.

Free Custom Data Research about Indiana youth for use in grant proposals, policymaking, speeches, media articles, and planning.

Issue Briefs and Issue Alerts concise reports about "hot-topic" youth issues.



IYI Training & Capacity Building

Regional Trainings offered at substantial discounts and taught by national instructors on topics such as working with children, promoting parental involvement, and building nonprofit leadership and organizational capacity.

Free Webinars on hot-topic youth issues, with easy access from the convenience of your desk.

Professional Development Grants of up to \$750 for qualified youth workers to attend courses, seminars, workshops and conferences that will help them meet their mission.

Kids Count in Indiana Conference an annual conference designed to give Indiana youth workers the inspiration, networking, information and tools they need to effectively serve children.

Youth Service Help Line, 877-IYI-TIPS a free telephone assistance service that provides quick answers from professional mentors on fund development, youth development, and legal questions.

Consulting Services offering affordable one-on-one assistance from professional consultants located throughout the state who can assist with fundraising and marketing plans, strategic plans, board development, program evaluation, technology and other nonprofit management issues.

IYI Parent & Community Involvement

Indiana Responsible Fatherhood Initiative a federally-funded, five-year program to promote involved fatherhood by supporting coalitions of small faith-based and community organizations.

Youth Worker Cafés quarterly lunchtime meetings in local communities that bring youth workers together, building relationships and collaborations that help kids.

Indiana Youth Investment Awards an annual program that recognizes outstanding youth work in Indiana with financial awards and extensive publicity.

Kids Count Media media resources – including public service announcements, newspaper op-eds and a weekly radio program – that promote the health and well-being of Indiana youth.

Drive of Your Life.org and Trip to College.org IYI's free, interactive Web sites that assist parents and middle school students in making good choices about careers, colleges and the high school courses that will help them reach their goals.

Indiana Mentoring Partnership a statewide initiative that advances the culture of youth mentoring in our state and supports local mentoring organizations with mentor recruitment, public awareness, training, capacity building, and other resources.

COUNT KIDS.

ANYTIME.
ANYWHERE.
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KIDS COUNT DATA CENTER

www.iyi.org/data

The KIDS COUNT Data Center is powerful and easy to use. With a few keystrokes or clicks of your mouse, you can do the following:

- Rank states, counties, and other geographic areas on key indicators of child well-being.
- Generate customized maps and trend lines that show how children are faring and use them in presentations and publications.
- Feature automatically updated maps and graphs on your own website or blog.

Find National, State, and Local Data

Access detailed information for communities across the country. Data are available for the state, counties, and school districts.

Create Maps and Graphs That Show How Children Are Faring in Your State

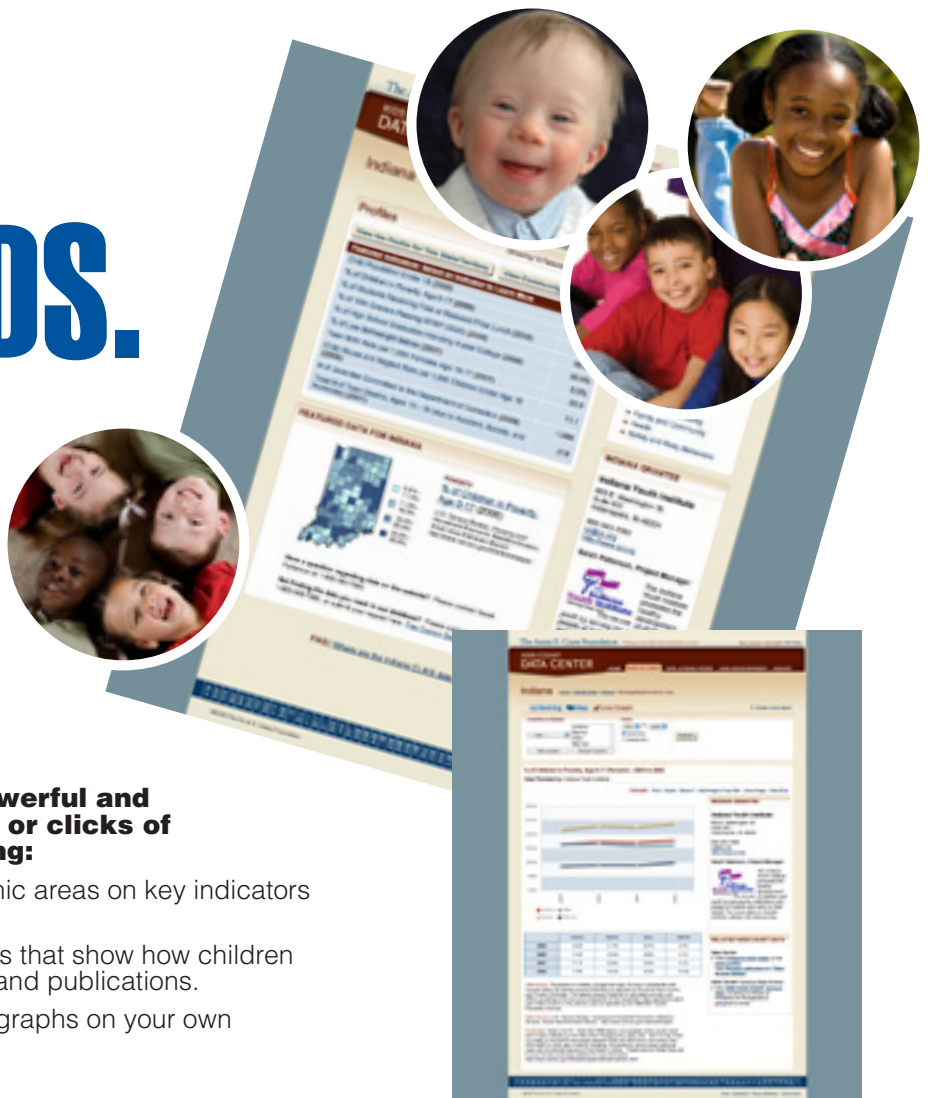
Customize your own maps to show differences in outcomes for children within the state. Or, create graphs to show change over time. Use these graphics in your own publications and presentations.

Rank Geographic Areas on Child Well-Being

Compared states, counties, and school districts on indicators of child well-being.

Customize and Share Information

- Create graphs, maps, and charts for your own website or blog that will be automatically updated when we upload new data to the Data Center.
- Share content via Twitter, Facebook, Digg, and other social networking sites.
- Add a "widget" to your website or blog that allows visitors to find key data without leaving your site.



**To create maps
& graphics**





The Indiana Youth Institute would like to thank the following sponsors for their support of this book and their commitment to the youth of Indiana:

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